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# ON MY MIND

How adolescents experience  
and perceive mental health around  
the world

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A companion report to The State of the World's Children 2021

## Report team

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Cover photo: © UNICEF/UN0438810/Tremeau Democratic Republic of the Congo. A boy from DRC who lives with his grandmother faces the challenges of unemployment and uncertainty for the future.

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# On My Mind

How adolescents experience and perceive mental health around the world



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*A companion report to The State of the World's Children 2021*

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# Foreword

Adolescence is a time of change, a time when young people step out of childhood and start thinking about their place in the world. It can be an exciting time. New friendships, relationships and opportunities may unfold, matched by a young person's own developing strengths, talents and hopes for the future.

But adolescence can be challenging, too. Young people must navigate their way through rapid physical and emotional changes, growing responsibilities and evolving relations with family and peers. In the shadow of the COVID-19 pandemic, these challenges have only grown.

No wonder so many young people talk of feeling overwhelmed, sad, isolated, stressed.

But all too often, when young people talk, they are not heard; their feelings are dismissed as unimportant, self-indulgent or just a passing phase. When we – parents, families, teachers and broader society – treat young people this way, we are dismissing their needs and concerns. We are depriving them of the space and time they need to work through their feelings. And we are denying them the opportunity to engage actively in finding solutions.

To put it another way, if we want to better understand and support young people, we first need to listen to them.

That is the idea at the heart of this joint project between UNICEF and the Global Early Adolescent Study at Johns Hopkins University Bloomberg School of Public Health, which was developed as part of UNICEF's *The State of the World's Children 2021* with the support of the Wellcome Trust. In 13 countries and across 71 focus group sessions, we asked young people aged 10–19 to talk about their greatest emotional and behavioural challenges and explain how they are shaped – for better and worse – by family, friends and teachers. We also asked young people how they cope.

The picture they painted was often troubling. Many spoke of unsupportive families, excessive pressure to succeed at school and the constant threat of violence and bullying. The young people – girls *and* boys – also spoke about the burden of entrenched gender norms. In Egypt, a girl told us, “I wish to work and have my own independent personality, and I don't want to depend on my family in everything or to get married to someone who wants to control me.” In the United States, a boy said, “We all have problems, but guys are supposed to be like robots and people think we can't have feelings.”

Though they rarely used clinical terminology, what these young people were really talking about was their mental health. And while the feelings they described might not have risen to the level of diagnosable mental disorders, it was clear that many experienced significant psychological distress.

How can we better support young people's mental health?

As *The State of the World's Children 2021* report spells out, listening is important, but it is only a start. We need a whole range of actions such as providing support to parents so they can support their children, ensuring that schools are kinder, more supportive, and safer places, and – through investment and workforce development – addressing the mental health needs of children and families with social protection and community care.

This research project – along with so many others – has brought to the surface the mental health challenges that young people face. Nobody can any longer reasonably claim not to know. The real question now is: Do we care? And, if we do, are we prepared to act?

**Laurence Chandy**

Director, Office of Global Insight and Policy,  
UNICEF



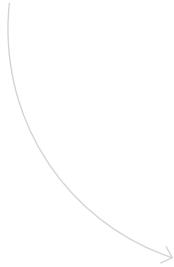
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# Key messages

Adolescents around the world shared their perspectives on mental health in their own voices. Here are 10 key global themes that emerged.



1

Adolescents generally describe, understand and communicate their mental health challenges in non-clinical terms using words such as: sadness, loneliness, shame, boredom, anger and defeat.

2

The contexts of adolescents lives drive many of their mental health concerns. Improving adolescent mental health requires addressing the contexts that create distress.

3

While families can be a tremendous source of support, they can pose significant risks to well-being through an overall lack of support, abuse and neglect, pressure and control, and financial instability. Overall, adolescents would like more support and validation than parents often provide.

4

Despite schools' many benefits, adolescents talk more about the risks including high academic pressure, unsupportive and abusive teachers.

5

Digital technologies are a double-edged sword for mental health, increasing adolescents' ability to connect with others while simultaneously exposing them to risks that can damage their well-being.

6

Violence, both experienced and threatened, is commonplace for adolescents in many countries, with severe impacts on mental health. Bullying is a persistent threat, and presents around the world as verbal, physical, relational and cyberbullying.

7

Both boys and girls pay a price for entrenched gender norms: boys are expected to be tough and never express their feelings, and girls are subject to inequitable standards that devalue their lives, curtail their freedoms and pressure them towards damaging ideals of beauty.

8

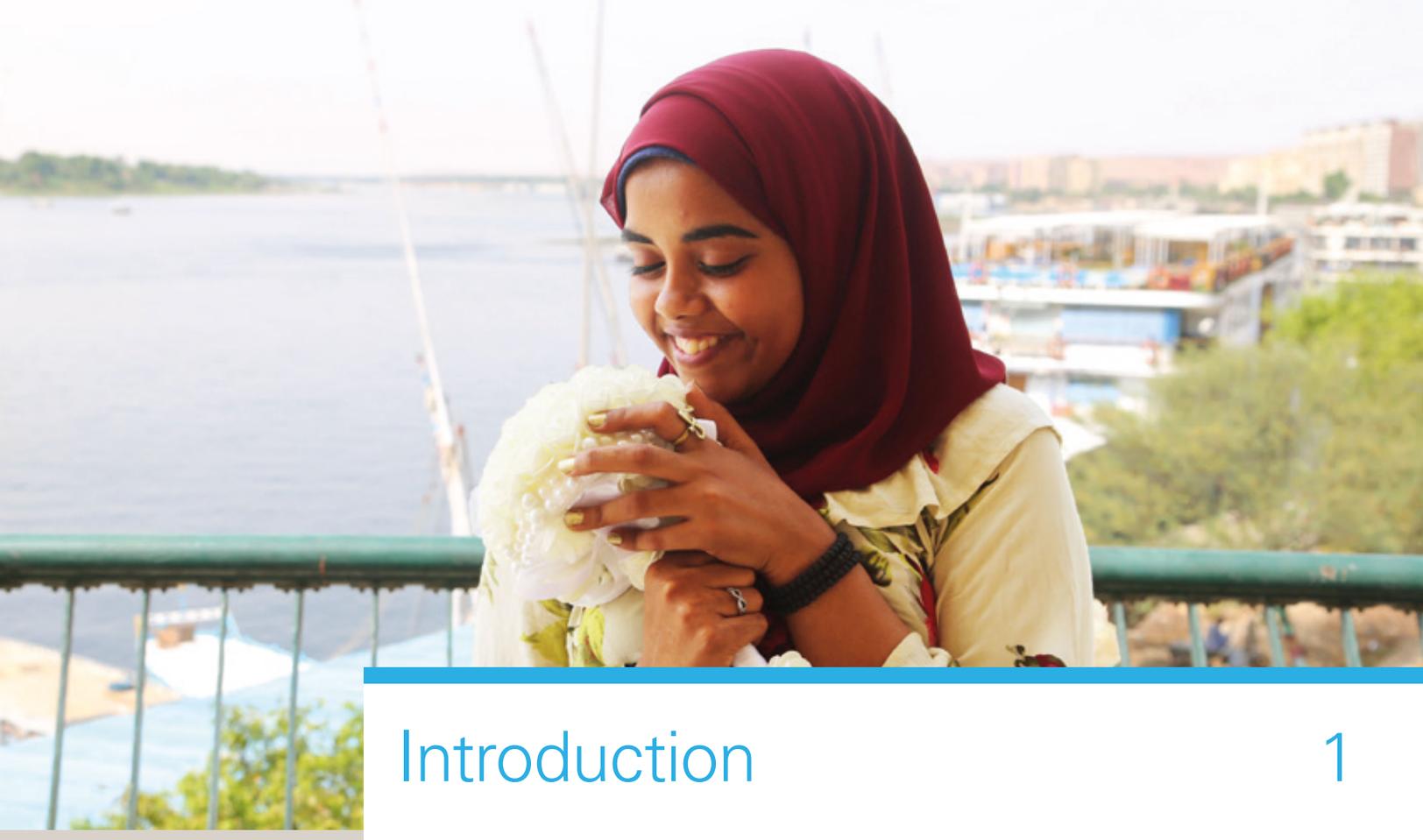
The COVID-19 pandemic has negatively impacted many adolescents' well-being, particularly by isolating them from their social networks.

9

Adolescents report frequently masking their mental health struggles, in part because they worry that their feelings and experiences will be invalidated by friends and family.

10

Stigma significantly deters adolescents from seeking help for mental health conditions. As a result, many adolescents cope without support, often using maladaptive strategies.



# Introduction

1

## Background

Adolescence (age 10–19) is a time of exceptionally rapid growth marked not only by physical transformation into an adult body, but also by equally rapid brain development.<sup>1</sup> In addition to physical and cognitive changes, social changes occur that stem from greater exposure to people, social contexts and ideas.<sup>2</sup>

It is a time of firsts: first romantic feelings, first menstrual period and the first awareness that not all families are the same. Increasingly, a young person is expected to think and function as their adult body might dictate, even while their brain is still maturing. The result is a cascade of new emotions.<sup>3</sup>

Given these concurrent developmental changes, it is not surprising that adolescence is a particularly sensitive period for the emergence of mental health conditions.<sup>4</sup> Indeed, it is estimated that more than 13 per cent of adolescents globally live with a mental disorder,<sup>5</sup> and many more experience significant psychosocial distress that does not rise to the level of a diagnosable disorder.<sup>6</sup> The most widespread of these mental health conditions include symptoms of anxiety and depression, with rates increasing dramatically throughout adolescence, particularly among girls.<sup>7</sup> Other prevalent challenges include drug and alcohol abuse, conduct disorders, eating disorders and suicidal behaviours.<sup>8</sup> Taken together, approximately 75 per cent of lifetime mental health conditions manifest by age 24.<sup>9</sup>

Egypt. A girl dreams of one day opening and running a flower store in her city.  
© UNICEF/UNI390198/Younis

To better understand mental health issues and concerns from the voices of adolescents, 71 focus group discussions (FGDs) were conducted by 14 partner organizations in 13 countries: Belgium (francophone and Flemish), Chile, China, the Democratic Republic of the Congo, Egypt, Indonesia, Jamaica, Jordan, Kenya, Malawi, Sweden, Switzerland and the United States of America. The countries were selected to ensure geographic, economic and cultural diversity. This report summarizes the results of these FGDs with qualitative research coordinated, analysed and drafted by the Johns Hopkins University (JHU) Global Early Adolescent Study (GEAS) in collaboration with global partners and as part of UNICEF's flagship report, *The State of the World's Children 2021: On My Mind – Promoting, protecting and caring for children's mental health*.

Figure 1

**Focus groups were held in 13 countries**



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## Objectives

There were three central objectives for the FGDs:

- To understand adolescents' perspectives on significant mental health conditions in their age group.
- To understand adolescents' perspectives on what causes and protects them from mental health conditions.
- To understand the ways in which adolescents cope with mental health conditions, including barriers and facilitators to help-seeking.

---

## Methods

### Data collection

Participating organizations agreed to host a minimum of four FGDs equally divided by sex and age such that there were at least two younger (age 10–14) and two older (age 15–19) adolescent groups in each site.

UNICEF, JHU and the participating partners collaboratively developed a guide for the FGDs. Subsequently, JHU hosted a series of three-hour web-based training sessions for focus group facilitators. (The training manual and discussion guide are available by request at: [www.geastudy.org](http://www.geastudy.org)). Focus group discussions were held between February and June 2021. Depending on the COVID-19 restrictions at the time, the discussions were either in-person or online (see *Table 1*). The FGDs were held in local languages and lasted between 60 and 90 minutes. They were recorded, transcribed verbatim and translated into English when necessary. The English translations form the basis of the present report.

### Ethical approval

All sites obtained local ethics board approval before the focus groups were held. Prior to data collection, informed consent was obtained from parents and adolescent participants aged under 18.

### Data analysis

All data analyses were done by JHU. Qualitative data were coded using an inductive thematic analysis approach. Analysis began with a process of open coding, with lines of data examined and labelled based on thematic content. The first phase of open coding was carried out by the three Johns Hopkins authors using data from China, Egypt, Jordan and Jamaica, four countries selected for their contextual diversity.

After independently coding transcripts from these countries, initial codes were compared, grouped into categories and organized into a preliminary codebook. This codebook was refined throughout the data analysis process with two analysts working to apply the codebook to the full set of qualitative data.

ATLAS.ti version 9.1, a qualitative data analysis software programme, was used to help organize and analyse the data.

This report was prepared by JHU and reviewed by the country site leads and UNICEF.

Table 1  
**Adolescent mental health focus group discussions**

| Country                          | Community   | Lead Agency   | FGDs | Data Collection | Population                                  |
|----------------------------------|-------------|---|------|-----------------|---|
| Belgium                          | Francophone | CRESAM  | 4    | In-person       | School, peri-urban, low- and middle-income  |
|                                  | Flemish     | Steunpunt Geestelijke Gezondheidszorg                             | 2    | In-person       | School, urban/peri-urban, middle-income     |
| Chile                            | Santiago    | Universidad de Santiago (USACH)                                   | 6    | Online          | Community, migrant, low-income              |
| China                            | Shanghai    | Shanghai Institute for Biomedical and Pharmaceutical Technologies | 6    | In-person       | School, urban, mixed income                 |
| Democratic Republic of the Congo | Kinshasa    | Kinshasa School of Public Health                                  | 4    | In-person       | School/community, urban, low-income         |
| Egypt                            | Assuit      | Univ. Assuit  | 6    | In-person       | School, peri-urban, low-income              |
| Indonesia                        | Yogyakarta  | Univ. Gadjah Mada   | 4    | In-person       | School, urban, middle-income                |
| Jamaica                          | Kingston    | Univ. West Indies   | 9    | Online          | School/community, urban/rural, mixed income |
| Jordan                           | Amman       | Terre des Hommes  | 4    | In-person       | Community, rural, low-income                |
| Kenya                            | Nairobi     | African Pop. and Health Research Ctr.                             | 4    | In-person       | Community, urban, low-income                |
| Malawi                           | Blantyre    | College of Medicine   | 4    | In-person       | School, urban, low-income                   |
| Sweden                           | Stockholm   | Karolinska Institutet   | 10   | In-person       | School, urban, high/mixed income            |
| Switzerland                      | Lausanne    | Unisanté  | 4    | Online          | Community, urban/peri-urban, mixed income   |
| United States                    | New Orleans | Inst. Women and Ethnic Studies                                    | 4    | Online          | Community, urban, low-income                |

### A word about focus groups

Data from across these FGDs should be interpreted in light of several important considerations:

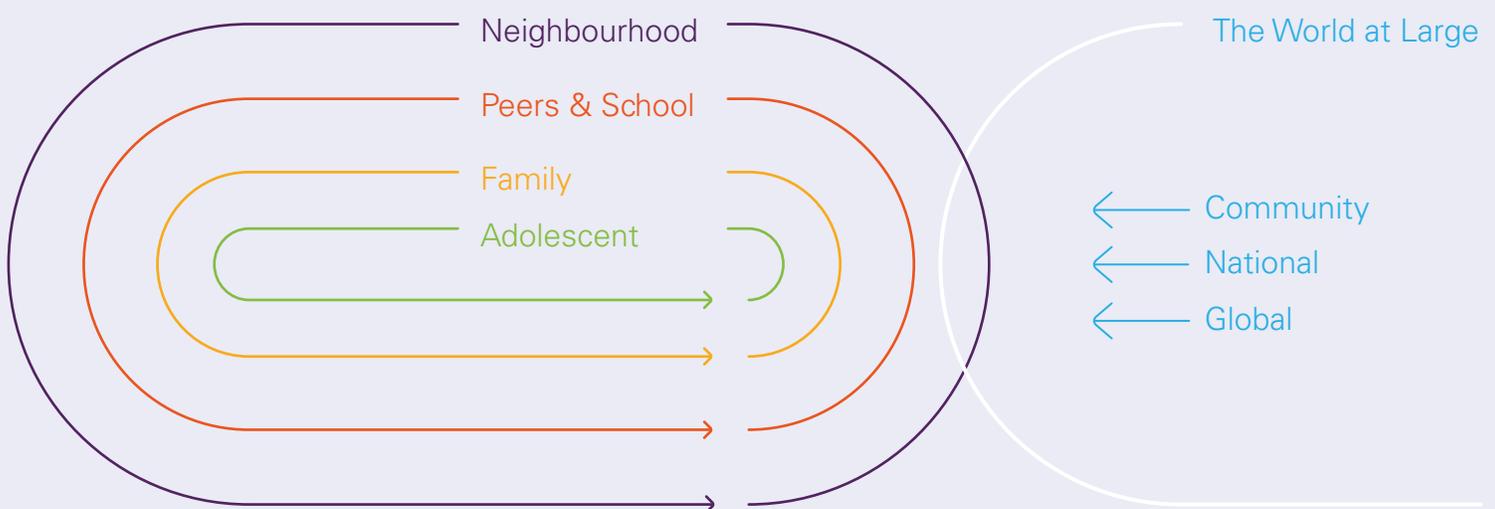
- These FGDs cannot be considered representative of all adolescents in a community or country. That said, we listened to the words of the FGD participants and then extracted common themes.
- While we were interested in both positive and negative mental health, we found that it was much easier for adolescents to discuss mental health conditions as opposed to mental well-being. Likewise, when asked about their families, peers, schools and communities, they gravitated towards talking about risks within these environments.
- We specifically did not ask adolescents to report on their personal mental health challenges, although at times they did so anyway. It can therefore be challenging to differentiate between participants' personal experiences, those of their friends and issues they hear discussed on social media, the news and other information channels.

## Structure of the report

Consistent with *The State of the World's Children 2021*, this report is structured using an ecological framework that considers the world at large, the world around the adolescent, and the world of the adolescent.<sup>10</sup> The report begins with an overview of what adolescents across participating countries identified as their most pressing emotional and behavioural challenges. Next the report explores the community and national risks and protective factors that adolescents see as influencing these challenges. Subsequently, school, peer and family risks and protective factors are examined. Finally, the report explores individuals' coping strategies and help-seeking behaviours. The report concludes with a set of recommendations based on the insight provided by the adolescents in the focus groups.

Figure 2

### Ecological model of factors impacting adolescent mental health





# Mental health challenges from the perspective of adolescents

2

Sweden. Youth in Sweden shared what they think causes mental illness and what they think needs to be done to help young people to feel better. ©Trygg-Hansa/Fotograf Cecilia Magnusson

## Key messages

1

Adolescents generally describe, understand and communicate their mental health challenges using non-clinical terminology: sadness, loneliness, shame, boredom, anger and defeat.

2

Beyond general distress, the emotional and behavioural challenges adolescents described include depression, anxiety, suicide, self-harm, substance use, violence, aggression and disordered eating.

3

Adolescents recognize important gender differences in mental health. For example, boys were seen to face greater struggles with substance use and interpersonal violence; girls talked more about sexual violence and eating disorders.

We asked focus group participants in 13 diverse countries to describe the most important emotional and behavioural challenges faced by people their age. An important takeaway from the discussion groups was that adolescents most commonly used non-clinical terminology to refer to their experiences of distress, though some discussed concerns relating to traditional diagnoses such as depression.

For example, many of the adolescents in the discussion groups referenced feelings of stress, sadness, isolation, loneliness, shame, boredom, hopelessness, defeat, irritability, anger and fear. Though some of these terms correspond with symptoms of mental disorders, it was clear that such diagnoses were often not the way adolescents described and understood their mental health.



[Being tired psychologically] means that you feel that you are not living life and [are] unable to do anything and [are] bored, keeping to yourself and you don't want to deal with anyone...you will not be able to achieve your ambitions because you are psychologically totally defeated. – Older girl, Egypt

I get very sad and then I start to shiver, I start to run out of air and then I start to cry, like without being able to hold it. – Younger girl, Chile

The way young people express their experiences shows that codified diagnostic categories may only capture one dimension of their lived experiences. Overall, the gap between adolescents' expression and diagnosis highlights the critical importance of listening to adolescents when attempting to address their mental health.

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## Emotional challenges

Beyond the general symptoms of distress described above, adolescents around the world described several specific emotional challenges that they perceived to be important for people their age. The challenges that were common in multiple countries included depression and anxiety. Critically, adolescents did not use these terms to denote diagnoses. However, adolescents' reflections painted a picture of common conditions faced by adolescents globally.

### Depression

Repeatedly, focus group participants discussed the widespread nature of depression among adolescents. In defining depression, adolescents talked about sadness, lack of interest or pleasure, emotional fatigue, emotional volatility, social isolation, insomnia, loss of appetite, aggressive behaviour, suicidality and self-harm.



[When a girl has a problem] she is depressed and sad all the time...She does not talk as usual, she does not laugh, even if she laughs it is apparent that she is sad inside.  
– Younger girl, Egypt

A person becomes depressed and does not seem happy. When his friends are playing, he isolates himself. He does not participate in what his friends are doing. – Younger boy, Malawi

Participants' comments suggest that many differentiate between transient feelings of sadness and ongoing feelings of depression. For instance, a girl from Jamaica reflected on how commonplace emotional turbulence can transition into something more severe.



I personally believe that growing up, everyone goes through a phase where they start to develop a low level of depression. I think it's kind of when you have an identity change, you're growing up now, you're trying to find out who you are as a person, and it puts you in a state where you kind of experience...a fluctuation in your emotions and feelings... When I think that it becomes serious is when those sorts of feelings or emotions are neglected. – Older girl, Jamaica

Adolescents' views on the drivers of depression – alongside other mental health conditions – will be covered in Chapters 3–7. However, FGD participants said that adolescents often go to great lengths to mask their depression from others.



I have depression, but when I am with other people, I am like showing to be super well, I don't like that people see me doing badly. – Older girl, Chile

I know a lot of people who...have been going through situations where they are depressed...and they don't tell their stories, they don't talk to you about it...Every day that you see them, they have a smile on their face...they try to behave as normal as possible so that you don't ask questions. – Younger girl, Jamaica

If you're like quite introverted as a person, then maybe you hide away quite a lot of emotions...a person may actually be very depressed or very, very stressed even though it's not visible. – Older boy, Sweden

## Anxiety

In addition to depression, anxiety is a common struggle for adolescents according to the participants in the FGDs. According to some, feeling anxious or worried was a short-lived, common reaction to daily stressors. For others, daily stress could result in immense and ongoing disability. For example, one girl in Egypt described how someone could become so nervous that they were completely “preoccupied with thinking.” A girl in Chile talked about having a “crisis of anguish and anxiety” after experiences of bullying. Though anxiety was discussed in countries around the world, adolescents more commonly described feelings of extreme stress or pressure.



Teenagers are under a lot of stress nowadays, and everyone’s mental state is... almost exploded. – Older girl, China

You find that you are having stresses beyond your thinking capacity and...you are encountering problems that...you are failing to handle. – Older boy, Malawi

Beyond such generalized anxiety, adolescents in several countries also described those who contend with social anxiety.



There are people that are anxious at baseline. For example, socially, it will be stressful for them if there are a lot of people around, so I think that these individuals will be consistently more stressed and anxious. – Older girl, Switzerland

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## Behavioural challenges

Around the world, FGD participants also described various common behavioural challenges. The most cross-cutting of these included: suicide and self-harm; drug and alcohol use; violence and aggression; and disordered eating. Below, we summarize adolescents’ perspectives on these issues.

### Suicide and self-harm

Suicidal behaviours, including suicidal ideation, suicide attempts and death by suicide arose in nearly every country. The discussions made it clear that suicide was a tragically common outcome for adolescents experiencing extreme emotional distress. However, participants in the FGDs provided varied explanations for what drives adolescents to suicide.



You just feel hopeless, you are lonely, then you know just how people mock you... those are the things that lead to depression, and you just find someone has committed suicide. – Older girl, Kenya

I think that these days, with this generation, [suicide] is the exit. It’s, ‘There are no choices, so I would think of it.’...I feel like 15 years ago, we spoke about it less, but now... it’s happening. – Older girl, Belgium

Distinct from suicide, many adolescents also discussed behaviours such as cutting, a self-inflicted injury. Across the FGDs, most participants agreed that their peers turned to these behaviours to cope with distress. Some also suggested that self-inflicted injury was a cry for help.

I think [they injure themselves] because they are feeling so much emotional and mental pain that they think the physical pain is going to help block [it]. – Younger girl, Jamaica

He starts to get sad...he would...pick up something sharp, he would start hurting his arms...calling the attention of others that he feels sad. – Younger boy, Chile

### Drug and alcohol use

Drug and alcohol use arose as major concerns for adolescents around the world. The participants in the FGDs described multiple ways drugs and alcohol were used in social situations: as an act of rebellion; as a way to seem cool or to fit in; for enjoyment; to stave off boredom; and as a means of coping with distress.

Though much of what was described would likely not rise to the level of substance use disorders, the behaviours were clearly framed as a mental health challenge by many participants. There were also gendered dimensions to alcohol and drug use in many countries, with boys generally more likely to use both drugs and alcohol.

Most people nowadays abuse drugs to reduce stress, then slowly-by-slowly you find yourself becoming an addict...when you use them you kind of forget about your worries and the stress. – Older boy, Kenya

For boys...they will fall into dependence. As soon as they feel bad, well I know friends and I told them, 'Why don't you stop smoking? At some point you have to take your life into your own hands, it's been four or five years that you smoke.' And they clearly tell me that... it's to kill boredom...If they stop, they will compensate with alcohol.  
– Older girl, Belgium

Jamaica. Students in a fishing community of Jamaica gather under a tree to access distance learning online during school closures. © UNICEF/UN0352056/Makyn



## Violence and aggression

Violent and aggressive behaviours were also described as being more commonplace among boys than girls. In the FGDs, participants described who physically harmed others, got into frequent fights, engaged in bullying or carried weapons.



There is a person who has nothing to do...and when he sees anyone on the street, he starts bullying him, young or old, and beating him. – Younger boy, Jordan

Nowadays, adolescents are fond of moving around with weapons such as knives and razor blades...when they are merely provoked, they resort to stabbing the one who has provoked them. – Younger girl, Malawi

Every time [my boyfriend] has a concern, he won't speak, he will stay in his corner, he will become aggressive...and he empties all his emotions on one person. – Older girl, Belgium

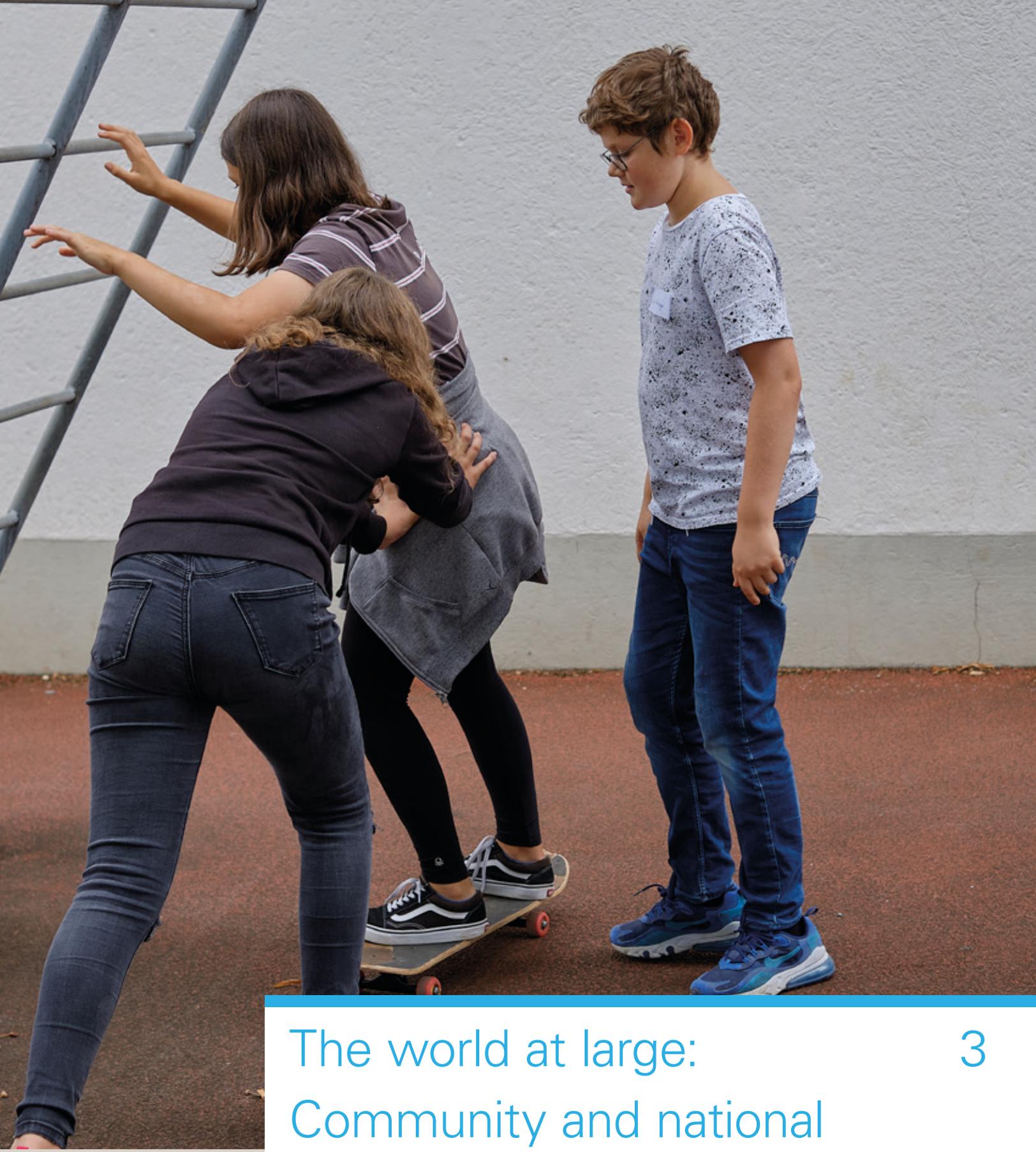
## Eating disorders

While disordered eating was not mentioned in every country, it arose in Chile, Jamaica, Sweden and Switzerland as an important mental health condition, primarily among girls. In these countries, FGD participants reflected on unrealistic beauty standards that often drive girls to develop unhealthy eating habits. They also discussed a lack of assistance for adolescents who grappled with these issues. Even in countries where eating disorders were not a topic of discussion, a substantial number of participants talked about girls' deep struggles with body image and the toll these struggles have on mental health.



There's like a specific body type that society has told us we are all to look like and for girls who don't have that body type, it leads to lots of things like eating disorders. – Younger girl, Jamaica

In primary school you had to learn [in] like natural sciences, home studies, in sports how good it is to exercise and eat healthy. But where did you learn that it isn't good to starve? Nowhere. – Older girl, Sweden



# The world at large: 3 Community and national environments

Switzerland. Young people play during "child friendly community" workshop in one of 50 certified communities in Switzerland who put the needs of adolescents the core of community development. © UNICEF Schweiz und Liechtenstein/Chris Reist

## Key messages

1

Violence, both experienced and threatened, is common for adolescents in many countries, with severe impacts on mental health.

2

Gender norms increase psychosocial vulnerability among adolescents around the world – for both boys and girls.

3

The COVID-19 pandemic has had detrimental impacts on many adolescents' well-being, particularly by cutting them off from their social networks.

In their reflections on factors in the world at large that influence mental health, adolescents around the world identified several important risks. Three were widespread – community violence, entrenched gender norms and the COVID-19 pandemic – and are explored in this chapter.

Other risk factors that occurred in only some of the countries included a lack of employment and education opportunity, a lack of mental health services, racism and discrimination, and mental health stigma (see *Chapter 8*). Notably, few adolescents identified protective factors in their community. The main exception was access to community-based health services, including those for mental health – which was mentioned in many countries.

## Violence

One of the common threads running through many of the FGDs was adolescents' deep fears about violence within their communities. Globally, girls discussed the pervasive threat of sexual and gender-based violence in their neighbourhoods, schools and home environments. For many, the widespread nature of this violence left them with profound feelings of vulnerability.



[Girls worry about] coming home alive...most times I don't even leave my road because you have some perverts in my community and sometimes, I feel very uncomfortable.  
– Older girl, Jamaica

Now you have to go out in the street with fear because at any moment you can be... raped, killed, assaulted. – Older girl, Chile

In numerous countries, girls talked about how threats of violence restricted their freedom, with many expressing discomfort with going out in their communities alone. Several participants also mentioned that such fears drove them to fixate on how they presented themselves, emphasizing the need to dress for 'protection' rather than 'comfort.' Importantly, these issues arose in high- and low-income countries alike.



So I went into the store, I asked for a manager to keep an eye on me. The people got in the store at the same time as I did, they made fun of me in front of me and they left. And when you are all alone...it's scary. – Older girl, Belgium

A girl is often tense when she is sitting with a boy alone and feels more fear...[girls] are afraid a lot. They expect something to happen. – Younger girl, Jordan

Throughout the FGDs, the damaging psychological impacts of sexual violence were palpable, with participants describing feelings of helplessness, trauma, anxiety, depression and suicidality connected to these experiences.



Rape changes the psychological behaviour of a person. A girl who has been raped will always be afraid that boys will approach her. – Older girl, Democratic Republic of the Congo

I got raped. I'm currently a teenage mother and all of those things have brought me to suicide, self-harm...I'm a walking time bomb. I can go off any minute. – Older girl, Jamaica

In several countries, girls also discussed how the psychological impacts of sexual and gender-based violence were compounded by enduring stigma. Participants around the world noted that girls who reported experiences of sexual violence were often viewed as untrustworthy or were seen as bringing it upon themselves by actions such as dressing 'provocatively.' In Jordan, for example, FGD participants described how girls who experienced sexual violence were frequently blamed by their families and communities, with some driven to suicide to avoid ostracization.

It is possible that she will be beaten by her family and be afraid of them and commit suicide so they will not punish her and commit suicide because she feels that she is the reason for degrading her family and commit suicide in order to let them forget her and preserve their dignity.  
– Younger girl, Jordan



Though a few boys talked about sexual violence, they were more likely to discuss physical violence in their communities. These discussions arose most frequently in Chile, Egypt, Jamaica and Malawi, where participants described exposure to assault, violent crime and gang-related activity. Like girls, boys articulated the ways in which these risks limited their willingness to spend time in their communities.



There are places I don't go...I know if I leave the village limits, I will be done for.  
– Older boy, Egypt

[Young people] don't walk freely because they are always afraid of being attacked by other people in the streets. – Younger boy, Malawi

Because...there are too many 'flaite' [slang for aggressive/vulgar youth], in fact, on the street...I don't like to go out, I'd rather stay locked up. – Younger boy, Chile

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## Gender norms

FGDs emphasized the profound role that gender norms play in influencing mental health and well-being around the world. For girls in many participating countries, these conversations centred on the multifaceted impacts of restrictive and inequitable gender norms within their specific cultural contexts. In Egypt, for example, girls discussed the fundamental disconnect between their desires for autonomy and traditional values that encourage male dominance and control. The tension between their desires and cultural context contributed to immense distress.



I wish to work and have my own independent personality and I don't want to depend on my family in everything or to get married to someone who wants to control me as he wishes...I wish to live a different way but the society and the whole world is surrounding me with something I don't know, and I feel disabled. – Older girl, Egypt

The themes of control were echoed in several other settings, with girls in China, Egypt and Jordan emphasizing the severe restrictions often placed on them by their families. Within the context of families, participants also frequently discussed the ways in which girls were expected to take on a disproportionate burden of domestic chores. In some countries, FGDs described families that pushed or forced girls into child marriage. Participants in these countries suggested that the emphasis on domestic work and child marriage was connected to an lack of respect for girls' education. Some FGD participants described parents who discouraged girls from attending school because of their belief in the limited value it provided for their families.



[Parents] force the child to do household chores beyond her age...[They] tell her to leave school because she is a girl. They say there is a boy so a girl will not have any benefit in [the] future. – Older girl, Malawi

The girl loves her studies and is interested in her studies more [than marrying early]. [But her parents] tell her to leave school because in the end, "You will be in your husband's house. Girls are created to marry and work." – Younger girl, Jordan

Around the world, girls also described extreme societal pressure to behave in a manner perceived as feminine, which included being *gentle, quiet, delicate* and *sensitive*. In addition, girls in most participating countries highlighted the immense burdens that they faced related to body image (see *Chapter 2*). Specifically, girls expressed deep insecurities about meeting community standards of beauty such as being thin, desirable or fashionably dressed. The discussions indicated that girls often walk a fine line when it comes to their appearance: dress too conservatively and they were seen as unattractive or lacking in femininity; dress too fashionably and they were seen as promiscuous or as a target for harassment.



There's a lot more expectation for women, especially in their looks and appearance. I think a lot of people who identify as female are...very concerned about that and being judged...A lot more people are quicker to judge a female by their looks.  
– Younger girl, United States

We worry about...if our belly is flat enough or if the way how we dress...We can't wear something too long or they are gonna say that we are like churchgoers...[but] we can't wear something short because they are gonna call us names. – Younger girl, Jamaica

While it was clear from the FGDs that gender norms operate differently for boys than they do for girls, participants in each of the countries agreed that these norms play an equally powerful role in boys' mental health and well-being as they do in girls'. Across participating countries, both boys and girls described strong cultural notions of what it means to be masculine: boys must be strong, tough, unemotional, invulnerable, able to handle issues on their own, and prepared to be the 'man of the house.'



There is the notion that boys must be tough, and if he complains or if he opens up, he would be...mocked...[as] weak. – Older boy, Indonesia

In our society, I have the impression that a man does not have the right to experience his feelings...At home, they will tell me that you cannot cry...you have to be strong.  
– Older boy, Switzerland

We all have problems, but guys are supposed to be like robots and people think we can't have feelings. – Older boy, United States

Participants illustrated the ways in which masculine gender norms could drive boys toward risky behaviours. For example, many FGD participants discussed external pressures around substance use, which was frequently encouraged by male peers or family members.

Others mentioned the ways in which boys were driven to engage in early and/or risky sexual behaviours, which were seen as a way to "prove that you are a real man," as a younger boy in Kenya said.

Finally, participants around the world highlighted the normalization of violence and aggression among boys, illustrating the ways in which these were acceptably employed as a means of venting anger, resolving conflicts or defending oneself or others.



I think boys most worry about their temper, because if someone says something to you, someone with a bad temper may fight directly. – Younger boy, China

[Boys] need to show that they are strong, and they know how to protect...It's really for themselves that they go out with [a weapon] ...It's really to show, "Well, I am a man, I can fight!" – Older girl, Belgium

Beyond such behavioural risks, FGDs showed that one of the most damaging impacts of gender norms on boys' mental health and well-being involved severe constraints on seeking help for mental health conditions (*see Chapter 8*). However, the FGD on this issue highlighted an intense isolation created by traditional understandings of masculinity and the deep cultural taboos that prevent boys from expressing their feelings. This isolation can ultimately intensify boys' psychological distress.



Mental health is more dangerous in boys than girls because boys cannot talk about it and...well, they close themselves off, they never speak of it, and after a while it starts to eat at them. – Younger boy, Switzerland

When he knows that he has a problem, but he is not willing to share with anyone... That thing will eat him up. – Older boy, Kenya

China. While waiting on the sidewalk for the bus, high school friends share their love of music. © UNICEF/UNI359177/Yan



The COVID-19 pandemic has dramatically impacted the lives of adolescents globally. When schools closed, adolescents, who increasingly rely on connections with peers as they mature, were cut off from their social networks. During the FGDs, participants described significant impacts on mental health centring around four key areas: the spread of COVID-19, social isolation, increased risk behaviours, and challenges with remote education.<sup>11</sup>

In countries where case numbers were high at the time of data collection, adolescents expressed sadness and worry about their friends and families becoming infected. Even in settings where case numbers were low, adolescents conveyed broad concerns about morbidity and mortality.



When I think about everyone that has died because of the disease, it makes me sad and when I learn the number of cases is increasing, it makes me stressed.

– Younger boy, Democratic Republic of the Congo

I was worried that my parents will be infected and then be sent to the hospital, and they will not be able to come back. – Younger girl, China

Beyond these direct worries, adolescents globally suggested that one of the main causes of poor mental health during the pandemic was not being able to interact with their friends. Adolescents in many countries described not only missing their friends, but also missing out on key experiences.



I was really sad...because I went out every weekend with my friends and stuff and suddenly you weren't allowed to see anyone...it was really hard.

– Older girl, Belgium

I was worried because we are used to being with friends at school from the morning to the evening...During confinement we didn't do anything to avoid worrying we just stayed at home. – Younger girl, Democratic Republic of the Congo

Since the pandemic started...we all have spent that entire duration at home. Meanwhile, I am the kind of person that absorbs energy from meeting people...So as you can imagine, all of a sudden, I cannot see my friends, nor other people at all...It stresses me out. – Older girl, Indonesia

Adolescents discussed the ways in which social isolation could exacerbate their distress. Many also described the challenges of facing mental health difficulties without support.



You also find schools closed and...there are no open centres. A person becomes depressed. I think, "Where will I go and what I will do? Who will help me? Who will solve this problem with me?" – Older girl, Jordan

In several countries, adolescents also described the ways in which the COVID-19 pandemic increased their risk behaviours. For example, in China and Egypt, adolescents discussed how addictive online gaming could be exacerbated by time spent at home. In Malawi and Kenya, FGD participants said that when schools were closed, many adolescents spent unsupervised time engaging in substance use and risky sexual behaviours.



During this period of COVID-19...young people have gone wild drinking beer because of frequent changes in opening dates for schools. – Older boy, Malawi

When COVID-19 began, schools were closed...Boys and girls started joining bad groups. You find that young people take bhang [marijuana] and chew miraa [khat]...And if you are a girl you leave in the morning...[and] come back home late at night. – Younger girl, Kenya

Finally, adolescents expressed heightened anxiety due to remote learning, diminished education quality and increased work during the pandemic. Though some adolescents appreciated having more flexibility in their schedules, most believed their school performance suffered and were worried about their future studies. Adolescents in the United States, Belgium, Sweden and Switzerland also described a sense of apathy regarding online schooling.



With classes online, for example, I found that it was very hard to be motivated... There are a lot of people that completely let go because it was online...I find it horrible to be so isolated like that. – Older girl, Switzerland

I don't feel like I'm benefitting from [online schooling] at all. It's just a struggle even wanting to do work. – Older boy, United States

Perspective:

## From a mid-night call to a national movement

By Ali Amirkafi

Suddenly finding yourself in a new environment with a different culture, not being able to cope with new lessons, failing exams one after the other, and seeking help from drugs.

This was the state my friend found himself in when he called me at 2 a.m., disappointed, empty of hope and his voice trembling; this call was his last step before self-harm.

I was shocked and worried. With loads of adrenalin in my blood, I used everything I had in mind to hear him out and reassure him that he was truly valuable for us and his family, and I managed to save him from an immediate danger. But was it the best possible way? Or were we just lucky?

Just as it happened to my friend, the mental health issues of youth, especially students, do not get enough attention; the issues are not detected on time; and the necessary actions are not taken properly. If you look around, or think back on your days as a student, you will definitely find that friend who needed proper help.

Although my friend's story is tragic, his 2 a.m. phone call changed his life; it also changed mine. It motivated me to become part of a super talented team of students who organized Beyond Our Thoughts (BOT), a national, student-led campaign that addresses mental health issues, especially depression among university students.

On a cold winter day, the group of friends who formed BOT came together in a room in the basement of our university to make a leap, not a step, towards addressing the mental health issues of students and young people just like my friend. We felt we were not only responsible for helping our peers, but also responsible for increasing mental health awareness and educating university officials so they could take necessary actions. The idea for BOT grew. Our mental health initiative was not only implemented in our university, but working with many others throughout Iran, it also became a national movement aimed at highlighting the mental health issues of youth.

As students, we were committed to combine scientific evidence with the knowledge we had from our peers with lived experience – our friends with late night calls! We wanted to learn more ourselves, share our knowledge and reach out to others who needed help.

Above all, the experience with BOT taught us that youth have the power to make big changes.

Numerous obstacles can get in the way of reaching great goals and BOT was not immune to them. Students encounter stigma towards mental problems; they face extreme pressure to succeed academically; there is a lack of access to professional mental health centres; and there is 'downward drift', a cascade of negative events that can damage our mental health drastically.

As students shared some of their concerns with BOT, there were serious challenges that we, youth alone, could not address. There are challenges that decision makers and people in power need to tackle, including:

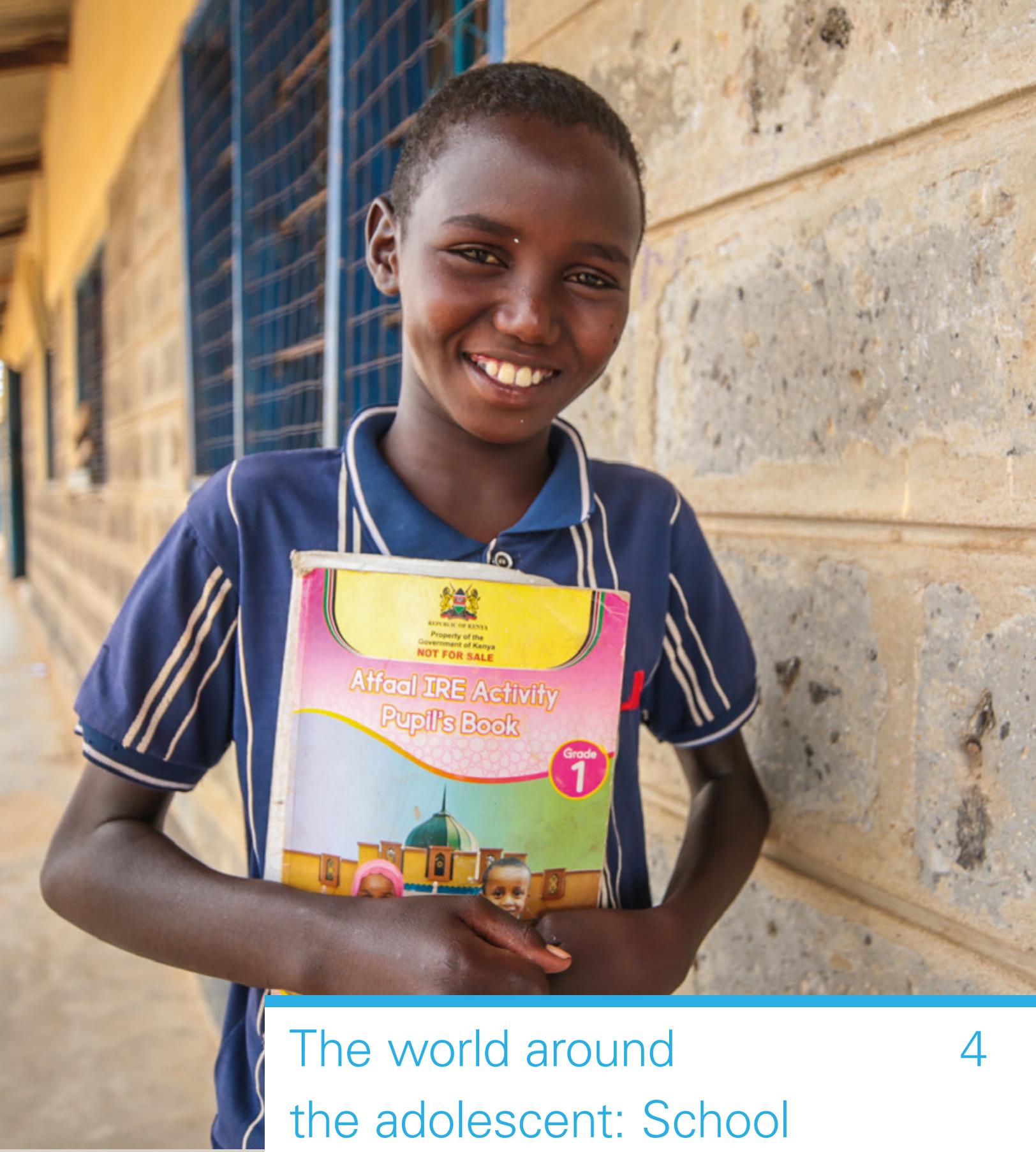
- Equip students, teachers, professors and academic leaders with greater capacity to respond to students who struggle with their mental health
- Integrate psychological first aid into academic curricula
- Make sure to establish more professional mental health centres on university and school campuses

BOT has helped students like my friend to be aware of the threats to their mental well-being and pointed out ways to prevent the risks. As a result of the BOT campaign, my friend is more aware of his mental health condition and is also able to help others, to keep them away from the dangers he experienced. He – and all of us with BOT – know what advocacy efforts need to be taken in order to make significant changes.

My friend's mental health has improved dramatically, and now he is seeking professional help. But what about your friends and loved ones? Could all of us be that lucky?

**Ali Amirkafi** is a medical student who was born in a desert city in Iran. He is concerned with the mental health of the people around him and tries to help them improve it.





# The world around the adolescent: School

4

Kenya. A girl recalls challenges of death and hunger due severe drought but is excited to attend school again through support from UNICEF. © UNICEF/UN0582117/Ekwam

## Key messages

1

The school environment was largely described by adolescents as a risk to mental health rather than a protective factor because of high academic pressure and unsupportive and abusive teachers.

2

Despite this negative focus, out-of-school adolescents can face far greater risks, and schools have a great potential to support mental health and well-being even if this potential is not always realized.

Second only to families, school is a deeply influential socializing force in the lives of most adolescents around the world. In the FGDs, adolescents across countries reflected on the protections and risks that arise in schools and how they influence mental health and well-being. What emerged was a clear sense that school is a critically important place for adolescents.

Adolescents around the globe discussed school as a source of self-esteem, a place that fosters greater awareness of the world at large, an environment for spending time with friends, a venue for emotional support and an escape from toxic home environments. But school was also presented as a setting for violence and abuse – a far too common experience – which can undercut its protective role. In addition, extreme academic pressure and a lack of supportive school personnel can increase vulnerability.

### School as a source of protection

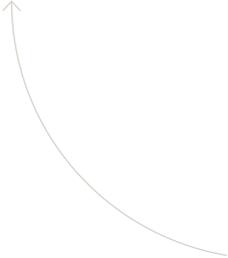
#### Caring teachers and supportive services

Across FGDs, caring teachers emerged as a key protective element in schools. Adolescents around the world discussed the role that trusted teachers can play in encouraging their learning, helping them solve problems, shielding them from bullying and providing emotional support.



When my parents divorced two years ago...my grades were plummeting and it was in the middle of the exam period, then the school really did their best...to make it easier for me...If the school does that really well, it can really help. – Older boy, Belgium

Teachers may calm you down. Maybe at home some thieves came but when you go to school, they may ask you why you are not looking happy, so you are able to tell them what happened and, in the process, something happens, and you laugh...Your mood completely changes. – Younger boy, Malawi



Focus group participants also discussed supportive services available in school, including counselling services and life skills education, that can help adolescents deal with a range of psychosocial issues.



If you go for guidance and counselling and follow the advice you will have second thoughts on things like sex, drugs. – Older boy, Kenya

If you feel quite sad, it is good to go to the school counsellor. Because it can be good with someone you do not know, who has a duty of confidentiality. – Older boy, Sweden

### Expanding horizons

Several participants talked about school as a place where your world view is expanded. Adolescents described the role of school in exposing them to new ideas, increasing their awareness, bolstering their problem-solving abilities and teaching them life skills. Ultimately, some adolescents expressed that exposure to education increased their motivation and helped them both develop and achieve life goals.



At school every day we will learn a new idea and the level of thinking will get bigger... and we want to move to the university and so on. – Young girl, Jordan

### Safe space

Participants suggested that school may be seen as a safe place and an escape from a “toxic” home or community environment. Similarly, adolescents reflected that structured time in school could help them avoid involvement in risky behaviours, such as sexual behaviours and substance use.



I think school kinda helps most of us children because sometimes we can get away from the toxic household and we can actually be with friends that make us happy.  
– Younger girl, Jamaica

When students leave home and go to school it means problems of rape will not be there because school is one of the places which protects adolescents from abuses of rape.  
– Older girl, Malawi

Finally, adolescents viewed school as an important place to meet up and be with friends. Further, as highlighted in Chapter 3, participants talked about how the pandemic robbed them of that social opportunity.



It can be kind of nice to come to school because you have your friends there, and so you have someone to talk to...That’s something that helps. – Older girl, Sweden

## School as a source of risk

### Academic pressure

As much as they talked about the benefits of school, adolescents in each of the countries were far more likely to detail the risks inherent in the school environment. One of the most universal school-level risks was academic pressure. In nearly every country, participants mentioned experiencing immense stress and anxiety resulting from internal pressure to perform well in school, high expectations from parents and teachers, and feeling overburdened by coursework and exams.



I could be studying well and get a bad grade on that subject, a grade I don't imagine nor deserve, it would really make me upset. – Younger girl, Egypt

The school gives so much homework and things to do...When you don't feel good, they don't care, but when afterward your grades are not good, then they start saying, 'Oh, but what's the matter? Your grades are not good, you don't feel good?' That's all that matters – Younger girl, Belgium

Adolescents across countries also detailed the anxiety they felt about setting themselves up for a successful future, about whether their education would lead to good employment, financial stability and job satisfaction. A related issue, discussed by participants from Switzerland, was the need to make educational decisions at a very young age that would drive future job opportunities. They found these decisions extremely stressful and unfair.

Indonesia. A junior high school student attends class in Jakarta, Indonesia after almost a year and a half of remote learning.  
© UNICEF/UN0515455/Wilander



## Unsupportive teachers

Adolescents around the world highlighted the damaging impacts of teachers who were unsupportive or neglectful. In some cases they felt that their teachers would discriminate against certain students because of their gender, low academic performance or socioeconomic status. For instance, adolescents from Jamaica and Chile described opposite experiences with gender discrimination in school.



It's pretty obvious to see like when teachers are just more lenient towards girls...A lot of teachers...are like that. – Younger boy, Jamaica

We are compared a lot with men. In the school where I was, the teachers used to compare us like, "Oh, the boys of such and such school do 200 exercises and you complain because we send you 50." – Older girl, Chile

A few adolescents also mentioned a lack of faith in their teachers' ability to help them solve their problems, whether these problems were personal or academic. Finally, some participants discussed the harm wrought by teachers who were overly critical or lacking in warmth.



[If] a girl is stressed and cannot answer a question, the teacher will make her more afraid instead of calm her or help her to answer. – Younger girl, Egypt

## Abusive teachers

In addition to expressing concerns about unsupportive teachers, adolescents also highlighted the detrimental impacts of teachers who were verbally, sexually or physically abusive. In the case of verbal abuse, participants mentioned teachers who would mock or insult them.



It is possible...that when the girl gets grades that are not good [the teacher] would say, "What brings you here? Stay at home or get married off or something." And this puts her in a bad psychological state. – Younger girl, Egypt

You have teachers that would belittle students...like tell them, "Oh, you dunce"... The student is not doing well in the class or [will] like just stop learning overall, like shut down completely because of all that emotional abuse. – Older boy, Jamaica

If you come from Korogocho ghetto, you know Korogocho does not have a good name. So, when you are in school, and the teachers look at you, they despise you. If he is giving a bad example, he will always be referring to you. That will make you feel very bad. – Older boy, Kenya

In the case of sexual abuse, girls in Chile and Jamaica discussed being harassed by male teachers for wearing tight or revealing clothing. Girls across the Middle East and sub-Saharan Africa also reported how male teachers would sometimes take advantage of them sexually, using their inherent power to threaten and silence them.



Male teachers take advantage of female pupils who are not performing well in class. They tell the pupil who is not doing well in class that if she wants to do well then she needs to first have sex with him. – Younger girl, Malawi

 The teachers harass girls...he touches her in ways, and she is unable to talk, because if she does, he will fail her and if she tells her people, they will say, "You are wrong; no teacher would do that." – Older girl, Egypt

While it was not as frequently discussed, some participants in Egypt and Jordan also brought up corporal punishment by teachers and school officials.

 The teacher came in class and said, 'Stand up.' We all stood up but one of us was tying his shoes. The teacher grabbed the boy and he beat him so badly that he bled all over... We all were crying. We were terrified. – Younger boy, Egypt

Two students left school...because of violence. There is violence in the school. They use an iron bar to hit us. – Older boy, Jordan

### Financial barriers

Adolescents who are not in school or leave school before graduation are also exposed to risks that can greatly impact their mental health and well-being. These risks were particularly highlighted during the FGDs across sub-Saharan Africa, where adolescents focused on financial barriers to education access. The discussions detailed the numerous interactions between poverty, education and mental health.

 I feel lack of school supplies is one serious problem...When one does not have school necessities, then she cannot go to school...You cannot go to school and sit on the desk and just stare at the teacher.– Younger girl, Malawi

These types of financial barriers frequently forced adolescents to drop out of school. As a consequence, some boys were driven into crime and some girls into prostitution, according to the FGD participants. In addition, dropping out of school could lead to increased drug and alcohol use, unplanned pregnancies, child marriage and ultimately, significant distress.

 When their parents lack money, they may even drop out of school because they can't raise their school fees to educate them...They may sooner or later get involved in crime... and also begin abusing drugs to reduce the stress...After dropping out of school he will get involved in theft and if she is a girl, she will get involved in prostitution.  
– Older boy, Kenya

In school, FGD participants also described a deep awareness of economic inequity and the damage it has on adolescents from poor families.

 At school, there are rules that everyone should dress up completely...you need a good shoe. You find that at your home they cannot provide that for you, and you are putting on "crocs." Others...they get that croc and start throwing it at each other. "Look at this!" And the whole class starts laughing at you. It is so painful for us young people...So without any emotional or psychological support, that is when you hear that a student has committed suicide. – Older boy, Malawi



# The world around the adolescent: Peers

5

Egypt. In the North of Egypt, where one of the largest Syrian communities exist, Syrian girls participate in organized sports activities supported by UNICEF.  
© UNICEF/UNI275787/Younis

## Key messages

1

When social support exists, it is a powerful buffer against distress. That said, adolescents often do not know who they can trust with their problems, and many experience negative peer interactions that cause emotional distress.

2

Bullying exists all around the world with both short- and long-term impacts on mental health and well-being.

3

Peers both directly and indirectly influence adolescents' risky health-related behaviours.

Adolescence is a time of increasing peer influence as adolescents widen their social networks beyond the immediate family environment. Indeed, participants in the FGDs recognized the central role of peers in influencing their mental health, identifying a number of key risk and protective factors within their peer groups.

In particular, strong connections with peers – and the social support that peers could provide – was highlighted by many FGD participants as essential for their well-being. At the same time, the centrality of peer relationships could heighten adolescents' vulnerability, opening them up to betrayals of trust, bullying and pressure towards risky health-related behaviours.

### Peers as a source of protection

#### Social support

In many countries, adolescents discussed the protective nature of the social support they receive from friends. While adolescents' descriptions of what constituted supportive friends varied, some common characteristics included: understanding, trustworthy, honest, attuned to emotions, easy to talk to, and good at listening without judgment. Many FGD participants also mentioned the importance of the encouragement and problem-solving strategies that they receive from peers when they face specific challenges. These themes were reflected by both boys and girls.



If you have good friends, even if you do not go outside a lot [to meet with them], if you have any problem, you could tell them, and they will solve it with you.  
– Younger girl, Egypt

Good friends can hold your hand, [but] they can also hold you accountable...when you are about to do something that is bad. – Older boy, Kenya

Notably, adolescents in most of the countries indicated that peers were their primary source of help when coping with mental health challenges (see *Chapter 8*). In explaining why this was the case, adolescents cited a greater degree of understanding from peers than adults.



If you don't have a good relationship with your parents...you might turn to friends, or maybe siblings who are of an equal age because they maybe can understand [you] better. Because I think...that [many adults] don't understand because...they are adults. Because they are older, they are in a different place in life. – Older girl, Sweden

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## Peers as a source of risk

### Lack of trust

Throughout the FGDs, adolescents continually highlighted the importance of trust within peer relationships – and the psychosocial damage that results from the absence of trust. Adolescents were keenly aware of the inherent risks of confiding in their friends, and many expressed having difficulty determining if someone was trustworthy. This was a particular issue in the wake of experiences in which “bad,” “fake,” “disloyal,” “two-sided” or “toxic” friends exposed their secrets or spread hurtful rumours about them. In the absence of trustworthy friends, adolescents often chose to remain silent about their problems.



I don't like to confide in friends because they can expose your secrets, so I keep things to myself, and this increases my suffering. I am unable to talk about my [feelings] and can't find someone to trust. – Older girl, Egypt

Bad friends too can make it hard because when you confide in them, they can also tell other people and it results in the issue being known to everyone...It is really hard to decide who to confide in, so you just harbour it in your heart. – Younger girl, Malawi

### Lack of supportive peers

In the absence of supportive peer relationships, adolescents were susceptible to a range of negative mental health outcomes, including feelings of loneliness, depression, low self-esteem and suicidality. Several participants noted that social isolation has been exacerbated by the COVID-19 pandemic, recounting how their relationships with friends have become “strained” or even evaporated without in-person interactions (see *Chapter 3*). Another common theme was the way in which social isolation could be reinforcing over time, with adolescents feeling increasingly alienated from their peers.



Isolation is...one of the most dangerous [things]...Many guys suffer from it...[it] soils their relationships with friends, [leads to] intolerance of friends. – Older boy, Jordan

If you feel outcast, you can be feeling very lonely [due to] the fact that the school has so many kids and you're basically alone or you're not blended in with any crowd...at all. – Older girl, Jamaica

## Bullying

Across the FGDs, when asked about drivers of mental health conditions, participants most frequently cited bullying from peers. They discussed instances of verbal bullying that included teasing, mocking and harassment by their peers. They described being targeted for their physical appearance, family background, socioeconomic status, academic performance, racial or ethnic group, and failure to conform to social norms. This type of verbal bullying, they said, could have lasting impacts on adolescents' social and emotional well-being.



When I was younger, I was much skinnier than I am now. So back then I was always mocked that I was too short and skinny...I was being bullied by my friends. Because of that, I became apathetic towards other people. – Older girl, Indonesia

Sometimes when people tease you it can get a bit rough, you stop liking things or you feel that you aren't worth as much as everyone else because you don't like what others like. – Younger girl, Sweden

Beyond verbal bullying, several participants discussed instances of physical bullying, although it was more frequently mentioned by boys. Both boys and girls also mentioned experiences of relational bullying, in which adolescents were deliberately ostracized or excluded by their peers.



I don't like to get along with girls because there will be many small groups among girls. If you leave one or two days...they will say plenty of things you don't know about behind your back, and also say something not good for you. – Older girl, China

Say you were born [HIV] positive and you have a friend, and he notices that you have an issue with your health. So, he asks you and you share with him and then he goes ahead and shares with other friends. So, when you pass [by] when they are in a group, they start talking about you and laughing. That makes you feel so lonely and sad.  
– Younger girl, Kenya

## Peer pressure

In discussing the influence of their peer groups, adolescents in the FGDs recognized the outsized impact of peers' participation in risky health-related behaviours, including alcohol use, drug use, interpersonal aggression, stealing and risky sexual behaviours. Spending time with peers involved with these behaviours was seen by many as driving adolescents towards the same behaviours.



Especially in the period from junior high school to senior high school, our friends or classmates can still have a great influence...If you are in contact with juvenile delinquents for a long time, you may go astray. – Older boy, China

Growing up [young people] would hear that smoking is bad and doing drugs is bad but when they go out of their [home] environment, like school, and they see their colleagues...doing these things, they become influenced and pick up these habits.  
– Older boy, Jamaica

In many cases, adolescents also described being directly pressured by peers to participate in risky health-compromising behaviours and especially drug and alcohol use.



Sometimes groups, they make you do things you don't want...so to be cool with them, you do it...smoking marijuana or any kind of drug. – Older boy, Chile

When you have friends that drink alcohol and you do not drink, they can pressure you to do it, and you end up becoming like them. – Older boy, Democratic Republic of the Congo

There is a huge pressure. Sometimes, the first parties where there are alcohol and drugs, it is in fashion in a way. If you do not want to use it, you get judged by others...and you tell yourself, 'Yes, but if I don't do it, I am going to be perceived as not being cool or open minded.' You are kind of stuck. – Older girl, Switzerland

Malawi. Two girls are happy to be enrolled and learning in a primary school of Malawi.  
© UNICEF/UN0381909/Chikondi



Perspective:

## W is for work and well-being

By Margianta Surahman Juhanda Dinata

When the COVID-19 pandemic hit Indonesia in 2020, the medically recommended and socially acceptable thing to do was to stay at home and flatten the curve of infection rates. But not everyone had that privilege.

Many of us had to continue working outside our homes to pay our bills and put food on the table. This was especially true for Indonesia's working-class youth, who often worked multiple jobs to keep the privileged conveniently at home. Globally, 126 million young workers live in extreme or moderate poverty,<sup>12</sup> and this condition will only get worse after COVID. For far too many young workers, particularly in Indonesia, COVID exposed them to the reality of economic inequality. Many working-class youth live paycheck to paycheck. Some of the jobless even marched on streets, demanding their right to work.

With the stress brought on by COVID, came many stressful challenges for young workers' welfare and mental well-being in many countries, including my country Indonesia. Take my friend Erika, a 25-year-old doctor who cares for COVID patients in an overwhelming, yet unpaid, internship programme.

Erika works days and nights at multiple primary health-care facilities. As an intern, Erika aids countless patients, providing medical check-ups, vaccinations, even transporting COVID patients to quarantine facilities. Erika is clearly overworked, but she is also asked to do her best on every shift – to give her best smile, best thoughts and best care.

What broke my heart was when Erika told me about the pressure she felt: "My stress and my anxiety level are increasing," she told me. Erika also told me that generally in Indonesia, "We have a shortage of health-care workers everywhere, yet we are not being paid enough."

Erika's story is only the tip of the iceberg.

Many young workers are deprived of their basic rights, such as decent wages, reasonable working hours, fair contracts and personal protective equipment. Without these rights, it is harder for young workers to maintain their mental well-being. Since too many are overworked and underpaid, mental well-being has become a luxury for many young people.

This should not be the new normal in the future. The new normal should be a place where workers' rights are respected. The more workers' basic rights are respected, the better the chances are for them to maintain their mental well-being. If young workers are underpaid and overworked, they will be too hungry and too tired to maintain their mental well-being. Under these conditions, we cannot ask them to work happily and provide the best for their workplace, their family, and themselves.

Instead of employers asking young workers to work harder and manage their own work-life balance, employers must treat their workers well and fulfil their basic rights.

Knowing these challenges, even before the pandemic, I have been engaged with many Indonesian young workers. With my youth-led non-profit Emancipate Indonesia, my team and I have gathered mutual aid for workers whose jobs are affected by COVID, and we have advocated for decent and inclusive work for all through webinars, research and campaigns.

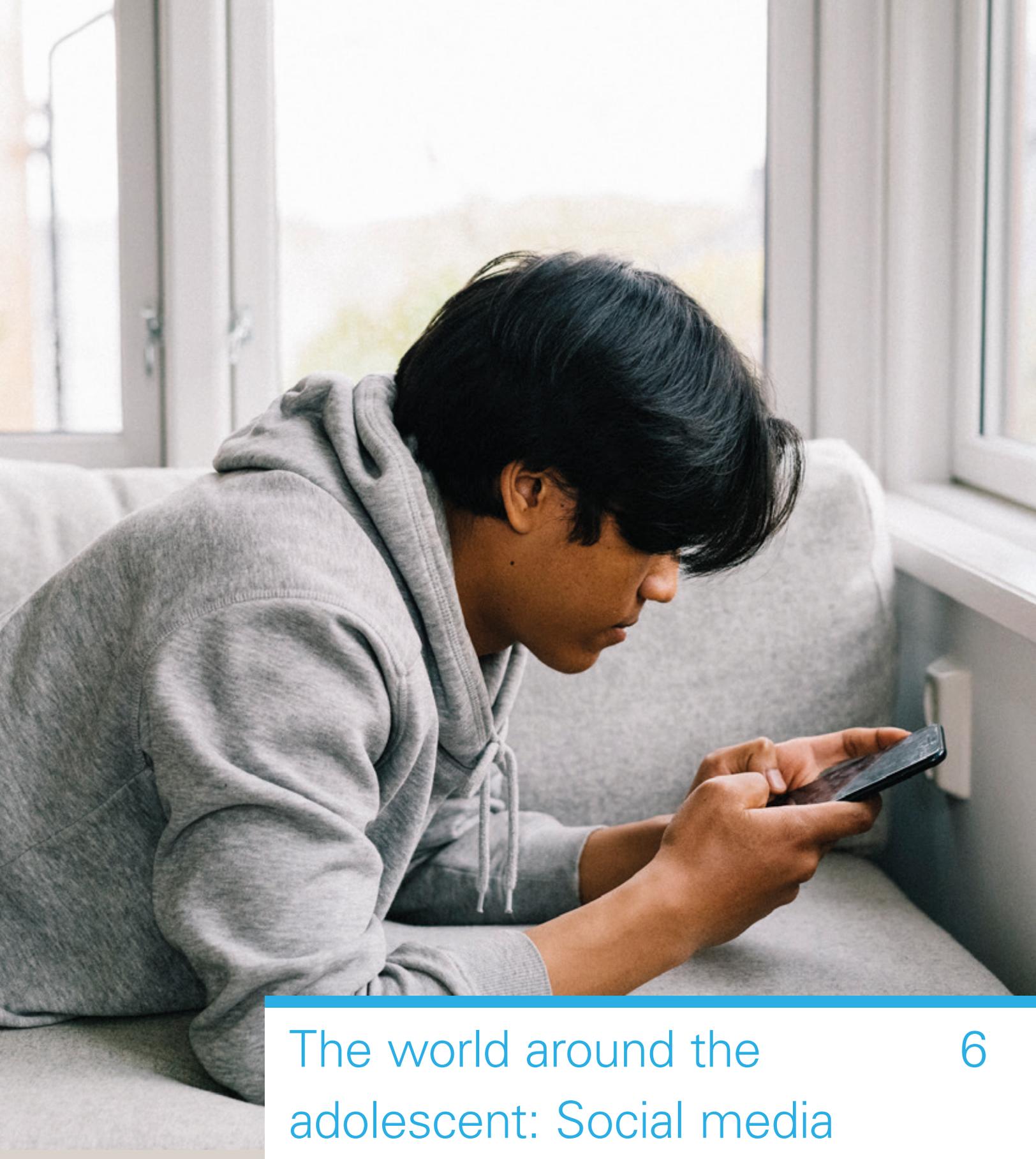
The economic inequality around us has made it clear that basic rights and the mental well-being of young workers are two inseparable issues.

Before the pandemic, employers often saw basic rights and mental well-being of workers as separate issues. As stories like Erika's surface, I am convinced that mental health webinars and 'awareness' alone are not enough to ensure the mental well-being of young workers. We need to make sure that their basic rights are fulfilled too.

When young workers' basic rights are fulfilled, and they have access to social protections, only then can they maintain their mental well-being. Now as we understand that workers' rights and mental well-being are intertwined, it is about time for world leaders to make decent work a new normal for all.

**Margianta Surahman Juhanda Dinata**, or Gian, is an advocate for global health and social justice. In 2017, he founded Emancipate Indonesia, an anti-slavery non-profit promoting young workers' rights.





## The world around the adolescent: Social media and the internet

6

Sweden. Youth in Sweden express worry about not fitting in, school pressure in school and stress of not living up to expectations.  
©Trygg-Hansa/Fotograf Cecilia Magnusson

## Key messages

1

Particularly in middle- and high-income settings, although increasingly in low-income settings as well, digital technologies play a central role in many adolescents' lives.

2

When it comes to mental health, digital technologies are a double-edged sword: They increase adolescents' ability to connect with and find support from others while simultaneously exposing them to risks that can be transformed into harms such as online harassment and damage to their self-esteem.

Participants in the FGDs emphasized the complexities of the relationship between digital technology and adolescent mental health. Adolescents described the ways in which exposure to digital technologies was helpful as well as detrimental to their well-being.

In general, digital technologies were discussed much less frequently in low-income countries compared with middle- and high-income countries, most likely because internet access and usage is much lower there. Despite the difference in usage patterns, digital technology operates in myriad ways for adolescents globally, with the potential both to increase and reduce harm. As an older boy in Switzerland put it: "I look at it as an instrument, like a knife; it depends on what you do with it."

### Digital technologies as a source of risk

A common concern raised by adolescents across many participating countries was the "toxic" impacts of social media on self-esteem, with adolescents constantly comparing themselves to "perfect" images posted online. While many participants suggested that this was a more salient issue for girls, it affected boys as well.



Social media I think is a very big influence...you compare yourself with other people...you don't...see that they are another human being...[that] they have other problems, you only see this facade of a human being that is perfect, and it makes you feel worse.  
– Older boy, Sweden

With social media now, we have so many different platforms: TikTok, Instagram. We have certain images that we see as 'the it' image and if people don't fit into that...they have a bit of difficulty. – Older girl, Jamaica



Comparing yourself with your own friends on your social media...so one becomes upset but it's because of your own thinking. Something like, "Why can't I be like that? Why can't I have fun like them?"...Meanwhile, I'm still like this, nothing has changed for me. – Older girl, Indonesia

Several adolescents also discussed what can become a crippling need for validation online. For instance, participants in Belgium and Jamaica explained the power of receiving 'likes'.



If she falls below the bar, for example, of seven hundred likes, well, she has to find [a follower] to subscribe...It's an obsession. – Older girl, Belgium

Women nowadays that have under one thousand followers on Instagram don't see themselves as enough. Every time they post up a picture, they are constantly going back online to see how many likes the pictures have received. – Older boy, Jamaica

Another theme was difficulty with self-control regarding time spent on social media or online gaming, and the tendency of adolescents to "get stuck" in these platforms.



Some people may have poor self-control ability, like a bottomless pit. For example, they say they would like to play for five minutes and then they want to play for an hour; play for an hour and then they want to play for a day. – Younger boy, China

You easily become like...almost dependent on using social media...you feel that it gets hard for you to stop...like checking, like scrolling down. The stereotype of the youth who are stuck in their smartphone. – Older boy, Sweden

Though not as commonly discussed as other forms of aggression, some adolescents – largely in China, Sweden and Switzerland – also mentioned cyberbullying. This included posting harmful comments to social media platforms, spreading damaging pictures or videos online and using digital technologies in a threatening or exclusionary way. Adolescents' descriptions of their experiences highlighted that, while somewhat different from traditional bullying, cyberbullying is no less damaging.

In Switzerland, for example, adolescents discussed the particularly insidious nature of cyberbullying due to its presence beyond the school environment, where in-person bullying is most typical.



Before, harassment was at school, and you were protected when you went home. Now, harassment can continue at home. – Older boy, Switzerland

Similarly, an older girl in China discussed adolescents' reliance on digital technologies to cope with distress and how this can open them up to substantial online harassment.



If you comment on Tik Tok or Netease CloudMusic, maybe just to express some of your own emotions, some people will say all kinds of bad [things] to you, saying that you are like this or that...For keyboard warriors who speak without thinking, only one word may hurt others. – Older girl, China

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## Digital technologies as a source of protection

Even when discussing the risks of digital technologies, adolescents acknowledged the numerous ways in which they can be protective. Specifically, FGD participants felt that access to the internet could facilitate exposure to new ideas and different types of friends, helping them to leave their social “bubbles.”



You sometimes lock yourself on the internet because there are people who you can get to know, who can have for example your same interests and there you no longer feel rejected...The people around you, they do not accept you.... [The internet] can make you feel better, like you are not alone. – Younger girl, Chile

I think that social networks help us to find ourselves in the sense that we follow those who resemble us. For example, at school, we would follow the group whereas now, we have access to many ideas. – Older boy, Switzerland

Adolescents also highlighted the ways in which digital technologies can be essential for maintaining social support, and many mentioned that this support has been especially important during the COVID-19 pandemic.



Because the internet is so developed now, there is no difference in interpersonal relationships [with COVID-19]. You can still chat every day. You can chat whenever you want. – Older boy, China

Finally, despite the risks of cyber harassment, adolescents discussed the power of sharing their feelings anonymously through the internet, particularly in contexts where mental health conditions are deeply stigmatized. This coping strategy seemed to be used more by girls compared to boys (*see Chapter 8*).



When you don't trust anyone, you find someone. As an example, [she finds] a girl on Facebook. She does not know her, and she narrates her story then blocks her so she can't tell anybody about it...the important thing is to talk but she doesn't expose herself. – Older girl, Jordan

[Adolescents deal with their feelings by] having conversations with random people, like on the internet or online. That's like somebody you're never gonna meet. – Older girl, United States

Perspective:

## Parenting for LGBTQ+ Children's Mental Health

By Vandita Morarka

I think about myself at age 10 as I write this, without the words to articulate my new understandings of who I was. I think of who I am and who I was as plural because my queerness was and is not a monolith; it is an amalgamation of multiple shifting identities I hold within me and those that manifest in how I engage with the world around me.

This knowledge came to me far too late in life.

As a fat queer child, how I navigated the world and myself was complex and isolating. I did not have the representation I needed to understand myself better, nor did I have adults around me with exposure to what I was experiencing.

As I grew up, I realized that this was an experience common to hundreds of children and young people around me. Almost every LGBTQ+ person I have known has faced isolation, stigma, bullying and harassment – even within our own families. Our identities have been denied, and we have been pushed to conform.

It shouldn't be surprising then that the mental health of LGBTQ+ children and youth is often low. This is not a result of our identities. Our mental health is put at risk by insensitivity, prejudice and oppressive structures that deny us our human rights.

One Future Collective, the organization I founded, works with young LGBTQ+ persons to develop their knowledge and advocacy skills. We provide safe spaces and mental health support. Many of the young people we work with are often faced with deep trauma. Even experiences within families leave LGBTQ+ children feeling that they are not normal – that they are not deserving of love and care.

This lack of acceptance often manifests as neglect, abuse, violence, abandonment, forced homelessness and poverty for many of us. This reduces our access to any form of care and further worsens our mental health. It starts an oppressive spiral and launches us on an eternal quest for an independence that allows us to leave abusive homes.

In the face of discrimination and marginalization in other spheres, support from family members, especially parents, can play a pivotal and transformative role in the lives of LGBTQ+ children. Sometimes, this support can be as simple as affirming children's identity and accepting them as they are.

Providing support is an evolving process for parents and children. Oftentimes, due to widely held cultural beliefs or conflicting social norms, it may be difficult for some parents to get used to the idea that their children may live a lifestyle that is different from what they had envisioned.

For parents, this is where it becomes important to question whether this dissonance is coming out of love and concern for your children or because of your own personal discomfort. Dismissing children's identity as a phase or something that needs to be cured can lead to children feeling rejected and add to their distress.

Parents, there are a myriad of ways in which you can support your children and build a safe harbour for them, including:

1. Learning what your child needs by creating a safe space and having a two-way dialogue with them to understand their experiences and concerns.
2. Making efforts to educate yourselves more about the unique joys and challenges that LGBTQ+ children face.
3. Seeking peer support and reaching out to communities of other parents who have LGBTQ+ children to process your experiences.
4. Advocating for LGBTQ+ issues by initiating difficult conversations with family and the community.
5. Taking a stand for your children, whether at school, in college, in a family setting, or even in a public space. It's important that they see you not only accept them in private but that you do so publicly.

Policymakers and decision makers, you can also make a difference in the lives of LGBTQ+ children and young people. You can prioritize the safety and mental well-being of LGBTQ+ children and young people; you can build knowledge about LGBTQ+ identities through outreach to families, communities and in school curriculums; you can ban conversion therapies that deny our identities.

Maintaining the mental health and well-being of LGBTQ+ children and young people requires policy and infrastructure changes. But we also need parents and families who understand us, educators who accept us, and peers who respect us.

**Vandita Morarka** is the founder and CEO of One Future Collective, a feminist non-profit dedicated to inclusive social justice and compassionate youth leadership. Vandita is a human rights lawyer, feminist researcher and rights-based consultant whose work has impacted over 2 million lives. The research and editing was supported by Anvita Walia, an activist, mental health practitioner, social justice educator and Senior Program Officer at One Future Collective.





## The world around the adolescent: Family

7

Jordan. Young people in the outskirts of Amman take part in UNICEF-supported activities to reimagine a better world for children. © UNICEF/UN0368720/Al-Safadi

## Key messages

1

More than any other social environment, adolescents in the FGDs identified their families as the sources of the greatest number of risks; these included a general lack of support, abuse and neglect, pressure and control and financial instability.

2

While families could play a strongly protective role in their lives, adolescents repeatedly indicated that they would often like more support and validation from parents.

3

Not only were unsupportive family relationships considered directly detrimental to adolescent well-being, they also indirectly increased harm by preventing adolescents from obtaining much-needed help for mental health conditions.

The FGD participants underscored the central role of families in influencing adolescent mental health and well-being.

The participants reflected on the constellation of family-level risk factors that increased vulnerability. The most cross-cutting of these risks were an overall lack of support, abuse and neglect, pressure and control and financial instability.

Other factors that arose less commonly included conflict or violence in the home, mental health conditions and substance use problems, divorce or separation, and the death of a family member. While family-level protective factors were less frequently discussed, it was clear that supportive parents and families were also a vital protective force in adolescents' lives.

### Families as a source of risk

#### Lack of support

Adolescents around the world discussed the harm that arose when they felt that their families (and particularly their parents) did not support, trust, understand or care about them. This perceived lack of support was driven by many different factors. For example, many FGD participants described feeling like their emotions, challenges and experiences were invalidated by their families.



Sometimes the family is the reason for [your problems].... For example, you are upset, and you told them...and they start mocking about what makes you upset and you know that they do not feel empathy with you. – Older girl, Jordan

When I was younger, I did express my feelings much more, but they were not validated...I could say, "I have depression" or "I feel sad," and they would say, "No, you don't know what you feel because you are 12 years old." – Older girl, Chile

In addition to direct experiences of invalidation, FGD participants also recounted overall difficulties communicating with their parents. Across the countries, adolescents described the ways in which their parents failed to listen carefully, jumped to conclusions or became easily angered when they discussed their problems. In reflecting upon what might cause such communication challenges, many adolescents said they were driven by an insurmountable generational divide between themselves and their parents.



I don't communicate with my family frequently, I just feel that we don't have common topics, their thinking is old-school...I can't talk about anything with them.  
– Older girl, China

I think this happens a lot between the older and younger generations, where older generations won't take the voices of youth as seriously. So that can cause a lot of the younger generations to maybe rebel or...just get frustrated. – Younger girl, United States

My parents, they have another mentality...they do not understand youth of this generation. So, I will not go to speak to them first because they will be the first to judge in a way and not necessarily help me. – Younger girl, Switzerland

Lack of family trust was also discussed. FGD participants felt that they were unfairly blamed for problems, or that their families suggested that they were lying when they tried to explain something that had happened.



[Parents] don't trust you. For example, you come and tell your mother something happened to you, then she says...no, [you] are the one who is bad. So, you see, no one trusts you. You feel like no one loves me. I am just alone. – Older girl, Kenya

I really wasn't doing anything inappropriate or suspicious, but as I was returning into the school compound with a male friend, my father saw me and yelled at me, "What did you do just now? Why aren't you being honest with us about your whereabouts?"...After that incident, I really wouldn't have any free time for myself after school, because my parents would wait around at my school...This entire ordeal made me feel very uncomfortable, I felt I was being constrained. – Older girl, Indonesia

According to FGD participants, feeling a lack of support arose when parents expressed harsh criticism, anger and disapproval about issues such as friends, how they dressed, or their educational aspirations. Regardless of the specific drivers, adolescents' descriptions of a lack of familial support underscore its direct contributions to a wide range of emotional and behavioural challenges.



If my mother and father treat me in a marginalized way, I will go to the bad path.  
– Younger girl, Egypt

Family is supposed to always be around you, supporting you, rooting for you and then growing up, getting wiser...you realize that's not the case...So you're depressed, and you keep yourself isolated. – Older boy, Jamaica

In addition to these direct impacts, FGD participants noted that a lack of support from family can indirectly contribute to mental health challenges when it becomes a barrier to seeking help (see Chapter 8).



It's hard for me to open up to my family because they don't make enough time to talk to me or to understand how I feel about certain situations like, they're making choices for me and not giving me the chance to say whether I want this or I want that.

– Older girl, Jamaica

I have a friend who was bullied all of elementary school...and he was like traumatized with that and always has [panic] attacks...And he needed psychological help and his mom told him that his problems were only a show, and she doesn't listen to him.

– Younger girl, Chile

Chile. A boy started a project to raise awareness on how to better take care of and preserve our environments.  
© UNICEF/UN0364123/Merino



## Abuse and neglect

In FGDs around the world, adolescents discussed verbal, physical and sexual abuse within families, risks seen as having a profound impact on mental health. These abusive experiences were more often relayed by girls than boys and ranged in severity from occasional verbal harassment to ongoing sexual violations. Verbal abuse came up most widely across participating countries and included being insulted, humiliated, mocked or threatened by family members.



Sometimes fathers force their sons to work with them and if their sons fail to do that work, they shout at them and start to insult them. These kids appear normal from the outside like nothing happened, but from inside they are hurting badly.

– Younger boy, Egypt

When a child has abusive parents, she goes to school worried. She is always in deep thoughts from being scolded by her mother every day. – Younger girl, Malawi

My brother, he fell into cannabis use quite deeply because of my father. Because...he kept telling him that he is good for nothing, that he won't amount to anything in life and every day when...you are showered with these words...there is nothing to do, it causes damages. – Older girl, Belgium

Experiences of physical abuse within families were also discussed in all of the discussion groups, most frequently as a means of punishment or discipline. While parents or other adult caregivers were common perpetrators of physical abuse, several girls in Egypt and Jordan also mentioned abuse at the hands of their brothers. In addition, some adolescents in Malawi and Kenya specifically discussed the ways in which step-parents could be especially abusive towards their non-biological children.



My brother [should] understand that I am older than him and he is not allowed to lay his hands on me, and I am supposed to be his sister to protect not to break down.

– Older girl, Egypt

You had a mother and she passed away, so your father brought a stepmother for your house...This mother does not like you because you are not her blood...she mistreats you when your dad is not there...she will beat you up. – Older girl, Kenya

While sexual abuse within families was discussed to a lesser degree than other abuse, it arose frequently among girls in Kenya and Malawi. As with physical abuse, adolescents in these countries suggested that stepfathers were more common (although not exclusive) perpetrators of sexual abuse against their daughters. Regardless, sexual abuse was considered to have deep and long-lasting mental health consequences.



[Some] stepfathers tell their children that in order to pay your school fees you are supposed to sleep with me and also to find food for you to eat...So the child has no choice...Not knowing that they are destroying the girl and abusing her. They just do it so that they satisfy themselves. – Older girl, Malawi

I had another friend...her mother died, she did not have siblings and her father used to treat this girl like the mother in that house...One time this girl's father came home drunk [and] the father raped her, and she ended up committing suicide. – Younger girl, Kenya

Beyond such direct experiences of abuse, adolescents in several countries also discussed the impacts of parental neglect on mental and behavioural health conditions. Specifically, they described the ways in which inattentive or disengaged parents contributed to emotional struggles and were a link to an increase in risky health-related behaviours.

☞ Your parent really doesn't bother about you or where you are, so you feel [like], "Let me do what I want to do because no one cares," so you go and use those drugs.  
– Older girl, Kenya

### Parental pressure and control

Focus group participants identified the ways in which overbearing parents, which they described as those who exerted too much pressure or control, could be detrimental to their well-being. In the case of parental pressure, FGD participants emphasized parents' excessively high expectations for educational success and future employment, and the ways in which this pressure caused them significant stress.

☞ After each exam, if I fail the exam...[my parents] will say, "You should learn from [your peers], how high scores they got, 100, 98. Look at them, and then look back to you." – Younger girl, China

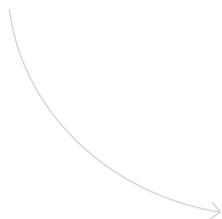
Parents also put pressure...If there are problems with school or academics, and the parents are always asking for more, and finally the person is more and more stressed, it creates a type of vicious cycle without solutions. – Older girl, Switzerland

Egypt. A girl attended a training for life, career and entrepreneurship skills which enabled her to start a pudding business in her village.  
© UNICEF/UNI390202/Younis



My parents are authoritarian parents...They tell me that I am their child, they are my parents. Therefore, I have to understand that as their child, I have to behave like a child should, which is to obey the parents.

– Older girl, Indonesia



FGC participants also described a suffocating degree of control that parents often exerted over adolescents' lives, which enveloped nearly every aspect of adolescents' lives, for instance, how they spent their time, who they befriended, where they went and what they wore. Though parental control was described by both boys and girls, entrenched gender norms often contributed to more stringent controls being placed on girls (see *Chapter 3*).



[My father] always fights with me about how I dress, always disapproves of everything and about education and he does not want me to have any friends. – Older girl, Egypt

They tell you what to do and what to say, what not to say. What you have to wear.

Or they force you to become a lawyer, which you really don't want to be.

– Younger girl, Belgium

### Financial instability

Finally, FGD participants from low-income environments talked about the profound mental health impacts of family financial instability. This risk factor defied simple categorization within an ecological framework. As discussed in Chapter 3, financial barriers to school attendance can significantly impact adolescent well-being. However, FGD participants discussed many additional connections between family poverty and mental health challenges, including an increased risk of abuse, child labour, transactional sex, criminal activity and substance use. These risks were most commonly discussed in sub-Saharan Africa, although poverty arose as an important theme around the world.



[Some boys] rob people so that they can meet the needs of the family...It just makes them feel sad because at that moment when they use knives to rob people they are usually under the influence of drugs...It will dawn on them [later] that whatever they did or they are doing is not good at all. – Older boy, Kenya

The first thing that torments young people is the money problem because if there are girls who prostitute themselves it is because of lack of money and if there are boys who act like 'kuluna' [gang members] it is because of lack of money.

– Older girl, Democratic Republic of the Congo

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## Families as a source of protection

### Family support

While adolescents around the world focused largely on the risks with family environments, they also identified important family-level protective factors. When protective, family could serve as a powerful buffer against mental health conditions.

Adolescents around the world characterized family support as consisting of parents and other family members who truly cared about what was going on in their lives, listened to them without judgment or anger, understood them, comforted them, trusted them, and helped them solve problems. However, in the focus groups, discussions about protective family members were often aspirational, focusing on what adolescents wished they had within their families as opposed to what was truly present.



[It] is a good relationship with their parents that alone can defend them from anything in the outside world because they know that when they come home, they can come home to mom or dad and say, "This is what happened today, I don't know what to do."...Having this strong relationship with their parents...[they] have the belief in themselves that they are okay, they're safe [and]...nothing can bother that. – Older boy, Jamaica

### Parent-child communication

Repeatedly, adolescents emphasized the importance of open communication within families. Strong family relationships were described as those that include daily communication between parents and children.



His parents are very open-minded. They often talk and laugh. The person comes home from a whole day of work or school, then the whole family sits together talking and laughing. – Older boy, China

The mother and father must support the child in all respects. For example, they would sit with them for five minutes and ask them about their condition, how they are doing, and what happened to them today. – Older girl, Jordan

Within our own family,...we must share our stories and we must share about our problems. Why? Because one day, we will need each other. Now if we are unable to be open...then our relationships are prone to miscommunication. – Older boy, Indonesia

Additionally, many FGD participants also discussed the specific ways that parents communicated with their children about mental health problems. They highlighted the protective influence of parents who listened attentively to challenges without judging or blaming them. Many participants also suggested that parents should ask them when things were bothering them and should offer guidance when appropriate. These parent-adolescent relationships were seen as essential for facilitating help-seeking.



I believe that we need the support from our parents. We need to have a close... relationship with our parents to know that they're always there for us, like we can talk to them about anything and not be judged. – Older girl, Jamaica

I think it's not so much that adults get involved in the problem, but that they give us their help, that they listen to us. For example, ask us what's wrong, what we feel, and that they give us their support. – Older girl, Chile

Perspective:

## A child like any other

By Lea Labaki

The first evening I was put into hospital, when I was 13, I knew I was no longer a child like any other.

Upon admission, that day, I had been placed in the general paediatric ward because the child psychiatry unit was full. My father was by my side. But two hours before the end of visiting times, a nurse ordered him to leave: different rules applied to children admitted for psychiatric disorders, visits were restricted. He went, while all the other parents stayed. That is how I knew.

I had stepped into a different world. A world where adults in charge of your care have unchecked powers over you. Where expressing distress is considered misbehaviour and misbehaviour is punished with sedation. Medication was a central part of managing us children. I quickly realized we were all administered the same sedative. The little ones were given it mixed with syrup so that they would not complain about the nasty taste.

But as odd as it first seemed, it quickly became my world. I adapted, as children do. A few weeks later, hospital was my new normal. I no longer missed my parents. I stopped wondering what was going on at school. I took my pills like I had to. And I just factored in that if I was too upset, I would be injected a powerful drug and then tied to my bed for a while.

Chemical and physical restraints are serious human rights issues, yet nobody made a big deal out of them. Unlike adults, children are used to being submitted to authority. Coercing children is perceived as normal. As a result, the line between acceptable discipline and abuse was undetectable to me. It probably was to the staff, too. They were not bad people, most of them. They did what they had been taught and truly believed this was the only way to help us.

I never went back to being a child like any other. I had adapted so well that when I came out of hospital, I had forgotten how to live in society. I no longer felt comfortable at home or at school. My peers were total strangers to me. Children, when moved to a new environment, don't take long before they lose touch with their past life. Mental health institutions are not only fertile ground for human rights violations, they also sever social ties. For young people, this initial removal from society can be the beginning of a lifetime of isolation and exclusion.

While views about mental health are evolving positively, countless psychiatric institutions around the world continue to produce children, and later adults, conditioned to believe that psychological distress warrants coercion and segregation. It is now time to act to replace institutional care with comprehensive systems of community-based mental health support. These systems should foster inclusion rather than isolation and work with children, not against them. They should acknowledge that children, too, have rights, including the right to be free from violence and to play a leading role in their own treatment and recovery.

There is no better way to promote mental health than to instil in the next generation the understanding that psychological distress is not deviant behaviour to be repressed and hidden away, but just a normal aspect of human experience. Deinstitutionalization and community-based support will be key in achieving this.

**Lea Labaki** is an advocate for the rights of people with psychosocial disabilities and a former user of mental health services. She holds a master's degree in human rights and humanitarian action. While studying for her degree, she discovered the human rights implications of her experiences in psychiatry, which lead her to specialize in the rights of people with disabilities. She lives in Belgium.





## The world around the adolescent: Coping and help-seeking

8

Democratic Republic of the Congo.  
After dropping out of school for lack of  
resources, a young woman seeks for  
training and employment opportunities.  
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## Key messages

1

Stigma plays a significant role in deterring adolescents from seeking either formal or informal help for mental health conditions. As a result, many adolescents cope with these issues on their own.

2

Trustworthy relationships with friends and family are central in linking adolescents to the help that they need.

3

Though there are notable shortages in mental health and psychosocial support services for adolescents around the globe, even where such services exist, many adolescents face significant barriers to accessing them.

What do adolescents do when they are struggling with mental health conditions? What barriers do they face in seeking the help that they need? What makes it easier for adolescents to seek help? In the FGDs, participants presented multiple coping strategies that varied widely from country to country.

While participants readily discussed a range of both interpersonal and individual strategies that they employed to cope with distress, they described multiple obstacles that impede help-seeking behaviours including stigma about mental health conditions, harmful gender norms, and interpersonal and structural barriers. When adolescents did manage to get the help they needed, they credited trustworthy relationships with friends and families. In addition, FGD participants highlighted the need for accessible, affordable and youth-friendly mental health services, both in-person and digitally.

## Coping strategies

### Interpersonal coping strategies

The coping strategy most frequently discussed by adolescents was reaching out to their support networks to talk about their social, emotional and behavioural conditions. For most adolescents, this interpersonal support included connecting with their friends to feel comforted, relieved, heard, encouraged and understood. Many participants also described leaning on friends for help with solving problems. Boys and girls discussed this form of seeking help, though it was more common among girls.



Once you have removed something from your heart and spoken about it you feel free... you feel relieved not like before when you felt your heart was heavy carrying something. At least when I tell my friend, they will carry something for me.  
– Older girl, Kenya



When you are unhappy, or when you can't figure something out, you can talk to your friends for a few words and a smile, then you can solve it. – Older boy, China

Importantly, many adolescents described greater comfort with seeking support from their friends compared to their families.



I as an individual can't go to my parents about certain things...Even though our peers are young and inexperienced, they are the ones who we can talk to because they may understand and share the same feelings and thoughts as we. – Older boy, Jamaica

Not all of us can have that close bond with our family. Not all families are as open and as welcoming. So, if your family is unable to be your protector, then we should find something that can...make us happy and comfortable...For example, our friends.  
– Older girl, Indonesia

Some adolescents explained that friends were more commonly used for helping with issues that were less personal or severe, and that in more serious situations, adolescents would turn to their families.



It depends on the magnitude of the problem. If it is a small problem, you can discuss with a friend...But if you are struggling a lot, most young people go and inform their parents so that they can help them with wisdom. –Older boy, Malawi

Several adolescents also discussed seeking support from teachers. Others brought up accessing professional support, either through school counselling or community mental health services. However, many adolescents mentioned significant barriers in accessing more formal services.

### Individual coping strategies

Adolescents listed a wide range of coping strategies – in addition to reaching out to friends and family – which were more individual in nature. For example, some avoided help and dealt with problems alone. This type of self-reliance arose more frequently among boys, although many girls mentioned it as well.



I think when young people face these problems, they generally don't think about relying on the help of others, but about solving them by themselves. – Older boy, China

If you're sad or depressed or if you feel a certain way, a lot of people bottle up their feelings and don't want to talk to anybody about it. And they help themselves... a lot of people that I know say you just cry about it, and you wipe your tears and then you get better. – Younger girl, Jamaica

Fighting was described as a coping strategy, mostly among boys, to “release” emotions as was playing video or computer games. Many boys also described using drugs or alcohol as a way of “escaping from their problems.” However, girls also discussed drugs and alcohol as a way of dealing with mental health challenges.



When you are using drugs, it’s because you are stressed so you are trying to forget those bad feelings...when you use them, you kind of forget about your worries.

– Older boy, Kenya

I don’t know how but this smoking habit causes my stress to go away, even though I know it’s not a good thing to do. – Older girl, Indonesia

Other individual strategies described by adolescents included: listening to music, trying to forget or not think about their issues, spending time with others, posting about their feelings on the internet, expressing themselves through the arts – such as writing, playing music and painting – crying, getting out of the house, exercising, playing sports, praying, spending time alone, watching television and sleeping. A substantial number of adolescents also discussed self-injurious behaviours such as cutting as a means of coping with distress.

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## Barriers to help-seeking

### Mental health stigma

Across the FGDs, numerous adolescents discussed the ways in which community stigma regarding mental health seriously impeded help-seeking behaviours. While they did not always use the term ‘stigma,’ adolescents described pervasive negative opinions about people with mental health conditions as *abnormal*, *crazy*, *good for nothing*, *full of trouble* or *untrustworthy*. Mental health stigma was more pointedly defined in Jamaica, Sweden and Switzerland, where FGD participants reflected on the ways in which discussing mental health was deeply taboo.



With stress and mental illness, for many it’s a very anxious subject. And you don’t really want to talk about it...society has kind of made it into a big thing, that it’s supposed to be something negative. – Older girl, Sweden

I think we have a hard time with mental health as youth because we do not talk enough about it, because people are scared to talk about it. Maybe if we...[could] express ourselves more without feeling judged or assaulted, maybe we would make some progress. – Older boy, Switzerland

In other countries, such as China and Jamaica, adolescents described community perceptions that mental health challenges were fake.



The mentality of most Jamaican parents is that depression is not a real thing...I have seen memes or some parodies...on the internet where the child goes to the parent and says, ‘Mommy I’m depressed,’ and her response is ‘Go depress the plates. Did you depress your books yet? You depress your uniform yet?’ – Older boy, Jamaica

As a result of such stigma, adolescents across participating countries worried that they would face harsh judgment or ostracization from their friends or family for disclosing mental health conditions. This worry was a particular issue for boys, who described additional barriers related to masculine gender norms, with those who shared their feelings viewed as fragile or feminine in many contexts. Some adolescents also worried that if they sought formal mental health services at school or in the community, they would automatically be labelled as “crazy”. As a result, many preferred not to seek these services.



If you have psychological counselling [at school], sometimes the conversation may take a long time...If you go out for a long time, your teacher will wonder: Why did you have to go for so long? Where did you go? Why did you go to the mental room? Do you have a mental problem? – Older boy, China

Going to see a psychologist is automatically something that is considered as if we have a problem...I think that there are people that are a bit scared of all of that, so if they have problems, they prefer to turn to their friends for advice. – Older girl, Switzerland

### Gender norms

Across countries, it was clear that gender norms can operate as a strong deterrent to help-seeking, particularly among adolescent boys. Norms around masculinity often dictate that boys should be able to handle problems on their own (*see Chapter 3*). Adolescents around the world agreed that these norms often prevent boys from sharing their mental health concerns so as to be seen as strong and capable, but also out of fear being mocked or disparaged as weak, soft or girly.



For me as a boy it's much harder to go to my parents or even to my brother to talk about a problem because of the shame. – Older boy, Democratic Republic of the Congo

I feel that the boys are the ones who usually don't want to share their problems. Because they feel that they are men enough and they can struggle with their own problems. So if they share, what will people say? They will start saying that you are announcing your problems...They will start calling you a woman. – Older boy, Kenya

While girls also face significant challenges related to help-seeking, adolescents generally agreed that they were less constrained than boys by gender norms and could more easily reach out to friends and family members for support.



The woman has always been seen as someone sentimental, someone who always has to be supported...For example, if they see her crying it's like, “Ah we're all going to help her.” But if there's a man crying, it's cause for mockery and no one's going to ask him why he's crying. – Older boy, Chile

## Individual barriers

Across participating countries, adolescents reflected on individual challenges that prevented them from seeking help. The most widespread of these was trouble talking about one's feelings. Many participants expressed limitations in finding the right language to voice their emotional distress. Others reflected on feelings of awkwardness and discomfort that went alongside seeking help for such challenges. In line with the barriers imposed by masculine gender norms, this was seen as a particular challenge for boys.



Our main difficulty is expressing how we feel. We don't know how to come out and express [things]...we know how we feel, you know, but we don't know how to just come out and say it. – Older boy, Jamaica

Adolescents also shared concerns about “burdening” others with their difficulties. Several focus group participants expressed the idea that sharing their problems would “inconvenience” others or would spread “negative emotions.” Others suggested that they did not want their friends or families to worry about them, to become stressed out, or to feel sad.



I generally don't [share with others]. Because if you pour things out to others, they need to consume energy to listen and help you, which will bother them. – Younger boy, China

There is also not wanting to speak about it, to stay silent because we do not want others to worry. Not wanting to be a weight. – Older girl, Switzerland

Unsurprisingly, given the prevalence of stigma about mental health conditions, FGD participants suggested that adolescents were prevented from seeking help due to feelings of shame and embarrassment.



A lot of kids have...gone through something they don't want they think is embarrassing. So, they don't want to say nothing about it. – Older girl, United States

Young people are reserved about talking to people about their problems because they are often ashamed. – Younger boy, Democratic Republic of the Congo



## Family barriers

FGD participants also made it clear that risk factors related to family also create substantial barriers to seeking help. Participants discussed fears that their families would not care about their problems or not take them seriously. In addition, some adolescents explained the ways in which their feelings and challenges could be invalidated by their families, and how this dismissal decreased their willingness to seek out future support.



A lot of the times, my friends they want to tell their parents about something going on with their lives or that they need to go see a therapist...[but] they feel as if their parents just won't understand what they're saying...And then some have actually spoken to their parents and their parents kinda dismiss it...So now nobody confides in their parents anymore. – Younger girl, Jamaica

When I was younger, I used to be bullied, and then I would usually tell my parents about it. But then as the bullying went on...They ended up telling me to solve my own problems. – Younger boy, Indonesia

Across settings, many adolescents also expressed that they felt judged by their parents or other family members when they shared their problems, and the fear of such judgment often prevented them from seeking help.



I find that it is difficult for [adolescents] to ask for help because of being criticized, judged...they prefer to keep quiet instead of expressing themselves to others. – Older girl, Chile

I think people talk to their friends over family because of a fear of being judged by those most close to you. – Younger boy, United States

During the FGDs, many adolescents also raised concerns about parents or other family members becoming angry or upset with them when they sought help. In some countries, including Egypt, Jordan and Malawi, adolescents described physical abuse arising from help-seeking. In others, including Chile, Indonesia and Jamaica, adolescents were more concerned about harsh verbal reactions from their parents.



She thinks that she will go to her family and tell them, but she is afraid that her family will beat her, and they may humiliate her. – Younger girl, Jordan

If something happens to me, I don't tell my mother because I am afraid of her reaction. It could be bad and aggressive. – Older girl, Egypt

If I'm in trouble or sad about something, like I keep it to myself because I think my parents are going to get angry. – Younger boy, Chile

## Other interpersonal barriers

Beyond their families, adolescents shared similar concerns regarding seeking help from their friends or other individuals, including fears that they would not care, would ridicule them, would not understand, would not take their problems seriously, or would judge them. In addition, as previously noted, adolescents also discussed challenges with trusting others. Specifically, many adolescents expressed deep apprehensions about their friends exposing their secrets – and as a result, other people finding out about their problems.



Nowadays, people do not keep secrets. So, it is very hard for someone to open up to someone else. People wonder if the person to confide in will ever keep the secret safe.  
– Younger girl, Malawi

You try to express yourself or talk to another person, but they end up like telling somebody else. – Older girl, United States

If I confide to people other than my parents, they would disproportionately blow up my problems and tell them around and everywhere. – Younger boy, Indonesia

## Structural barriers

Adolescents across participating countries also discussed structural barriers to seeking help for emotional and behavioural challenges including the lack of available community mental health services, which came up as a particular constraint in Jamaica and Malawi. Even when these problems did exist, adolescents mentioned financial barriers to access, whether due to the cost of transportation or the cost of the services themselves.



When you see that you don't have anything or at your home there is no food, you cannot ask for transport money from your parents so that you can go and share your problems with someone. So, it just makes you to say, 'Ah I will just see how to deal with it alone.'  
– Older boy, Malawi

Whenever you have a session with a psychologist, you pay for them, right?...Now what I would like to have is for that service to be free of charge, so that children can get help without any burden of financial concerns. – Older boy, Indonesia

Beyond these financial challenges, FGD participants described important concerns related to the quality of both school and community mental health services that might deter adolescents from seeking help. Examples from around the world included a lack of confidentiality; a one-size-fits-all approach; and providers who were distrustful, disrespectful, or lacking in compassion.



Many don't want the help that, for example, the school provides because the help that the school provides is not always the best. People who don't like to talk are still forced to talk. And that maybe doesn't help. – Younger girl, Sweden

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## Facilitators of help-seeking

### Trust

Around the world, adolescents identified having trustworthy relationships as one of the most important facilitators of seeking help for emotional and behavioural challenges. As noted previously, many participants mentioned struggles with trust, particularly given the stigma attached to mental health conditions and the consequences of being labeled as someone with such a problem. It is therefore not surprising that when asked what aided them in seeking help, adolescents overwhelmingly discussed the critical role of having close friends or family members who they trusted to assist them without judgment, anger or exposure.



I think it depends on the trust you have with parents...For me it is not difficult to ask for help because I have enormous confidence with my mom and...I can tell her that I am feeling bad, and my mom is going to help me in thousands of ways. – Younger boy, Chile

If we have people we can count on and who we can speak to, it helps...The more we talk, the more we feel better. – Younger girl, Switzerland

### Peer or family intervention

Alongside the importance of trust, participants stressed that, particularly when dealing with ongoing problems, close friends or family members were often the ones who pushed adolescents towards getting the help that they needed. This push from friends and family could include helping them access more formal services, such as psychological counseling or substance abuse treatment, or convincing them to find an informal solution, such as speaking with a trusted adult.



I kept telling [my friend] that she should go to see a psychiatrist, and then she did go. She went to the mental health prevention and control center in her community, and then she went to talk to the doctor...She has been taking medicine now. – Older girl, China

[If a friend is having a problem] you just give your support. If it's to a severe degree, you should get an adult involved so that they get them help, get them into like therapy or something. – Younger girl, Jamaica

### Internet access

Digital technologies play an increasingly important role in facilitating help-seeking among adolescents globally (see *Chapter 6*). Participants noted that this has been particularly helpful during the COVID-19 pandemic because typical sources of in-person support have been severely diminished. Moreover, the use of the internet can be especially important for adolescents valuing anonymity.



I would definitely say technology [makes it easier to get help], because you can kind of do everything behind your parents' back. I know that sounds kinda bad but you can do that without telling them and reach out to people without telling them so I definitely think technology makes it easier. – Younger girl, Jamaica

### Availability of mental health services

Around the world, adolescents discussed the importance of mental health and psychosocial support services within their schools and communities. Participants identified a wide range of available services, including: school counsellors, psychologists and psychiatrists, community mental health centres, psychopharmacology, substance abuse treatment, online or phone-based services, youth groups, and non-governmental organizations. These types of services were not unique to high-income countries; they arose to a greater or lesser degree in every participating country. In articulating why adolescents might turn to such services, a number of participants suggested that they were generally a last recourse for individuals suffering with more severe mental health conditions. Many agreed, however, that the primary power of these services was in their anonymity.



Let's say you don't want your parents to know, or you need a somewhat more private space to talk other than the school, then you can seek help in the puskesmas [primary health care centre]...I prefer to go to the puskesmas. I guess it's because they don't know us personally. So I can just walk in for an appointment, meet the psychologist for the first time, then I'd talk to them about my problems. – Older boy, Indonesia



# Conclusions and recommendations

9

## The world of the adolescent

The FGDs underscore that mental health is a significant concern for adolescents around the globe. While the emotional and behavioural challenges experienced by adolescents do not always rise to the level of diagnosable mental disorders, they nonetheless warrant serious attention.

In the discussions, participants repeatedly told us that mental health is a taboo or embarrassing topic, and that the associated stigma often means that adolescents keep emotional and behavioural challenges to themselves. The participants also said that adolescents sometimes feel like they lack the language to discuss mental health issues and, when they do discuss mental health, the language they use often does not correspond with the clinical language of adults.

Despite these challenges, when adolescents feel like they *can* share their feelings and experiences, it makes a world of difference. Unfortunately, much needed support is far too often not forthcoming. Instead, adolescents frequently feel misunderstood, invalidated and ridiculed by their friends, families and teachers and thus deal with mental distress on their own.

FGD participants repeatedly expressed their desire for sympathetic peers or adults with whom they could share their mental health concerns; and, when these concerns were severe, they indicated that they wished mental health and psychosocial support services were both more available and less stigmatized.

Democratic Republic of the Congo.  
Young people are actively working to create  
healthier and safer environments in their  
communities along the Congo River.  
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## The world around the adolescent

The FGDs in the 13 diverse countries brought into sharp focus the ways in which the contexts in which adolescents live profoundly influenced their mental health. A theme that cut across each country setting was the way in which environments can both protect and harm adolescents' well-being. For example, FGD participants indicated that supportive and communicative families formed the bedrock for positive psychosocial development. But they also indicated that families could also greatly increase vulnerability through uncaring attitudes, abuse, neglect, controlling behaviours and financial instability.

FGDs also highlighted the importance of strong peer relationships. However, when these relationships are unstable, they can expose adolescents to betrayals of trust, bullying and pressure to engage in risky health-related behaviours.

The discussions about learning environments showed the ways in which violence and abuse and extreme academic pressure all-too-often undercut the role of school as a source of support, learning, safety and socialization.

Finally, FGD participants said that digital technologies were a double-edged sword: they increase adolescents' ability to connect with others while simultaneously exposing them to risks that can be transformed into harms, such as online harassment and damage to their self-esteem. As a result, it was clear that improving adolescent mental health requires attention to the contexts that drive distress.

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## The world at large

The FGDs showed that adolescent mental health cannot be addressed without a deeper understanding of the influence of cultural and contextual factors that shape it.

Repeatedly, FGD participants talked about widespread sexual and physical violence within communities and the ways such violence left adolescents with acute feelings of vulnerability. In low-resource settings, poverty was also described as something that destroys ambition and forces adolescents into behaviours that they otherwise would never choose, such as criminal activity and prostitution. Both boys and girls pay a price for entrenched gender norms, with boys given the message that to be 'tough' means withholding emotions; and for girls inequitable norms devalue their lives, curtail their freedoms, pressure them into child marriage and encourage damaging ideals of beauty.

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## Recommendations

In order to address adolescents' mental health challenges, we need to meet them where they are.

### **Listen to their voices.**

We need to be able to hear their concerns without being dismissive, and we need to acknowledge that adolescence may be the first time in their lives that many are able to give voice to their distress. Though distress does not always rise to the level of psychopathology, we need to make sure not to minimize the pain that adolescents experience. We need to encourage open and frank discussions about mental health at every level from the macro to individual level so that adolescents (boys and girls) feel as comfortable talking about and seeking help for emotional pain as they do for physical pain.

### **Support families, parents and caregivers.**

Parents and caregivers must better understand adolescent emotional needs in the context of a changing world; and they must be equipped with the skills to provide the support that adolescents both crave and need. Stable relationships at home can play a vital role in protecting children and promoting resilience. Community leaders also play an important role in this process. Communities can be a vital partner in creating opportunities to identify and support children at risk.

### **Ensure schools support mental health.**

A positive school environment can play an important role in mental health promotion. The school environment should make children and adolescents feel safe and connected, and should also offer mechanisms of support when they need to seek help or express their feelings and emotions. Regular training on mental health and psychosocial well-being should be offered for teachers and other school personnel.

### **Promote access to mental health services.**

When more intensive supports are needed, we must ensure that adolescents have access to affordable, confidential and youth-friendly mental health and psychosocial support services. These services should be provided not just through health systems but across a wide range of sectors and delivery platforms, including education, social protection and community care. A particular focus should be given to gender-based violence, offering women and girls a safe channel to seek support.

### **Address the social determinants of mental health.**

Large-scale social determinants – such as poverty, disaster, conflict, discrimination, migration and pandemics – play a critical role in shaping mental health. Coordinated work across systems is needed in every country of the world to address the many social and structural issues that give rise to emotional and behavioural challenges among children and adolescents.

## Endnotes

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